

<i>SERFF Tracking Number:</i>	<i>NALH-125998438</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41933</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Policy Form 2470 1-09, 2480 1-09</i>		
<i>Project Name/Number:</i>	<i>Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09</i>		

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Policy Form 2470 1-09, 2480 1- SERFF Tr Num: NALH-125998438 State: ArkansasLH
09

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 41933
Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Sherry M. Olson Disposition Date: 02/03/2009

Date Submitted: 01/27/2009 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Policy Form 2470 1-09, 2480 1-09

Project Number: Policy Form 2470 1-09, 2480 1-09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/03/2009

State Status Changed: 02/03/2009

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

NAIC #66044 FEIN # 46-0164570

Flexible Premium Adjustable Life Insurance Policy Form 2470 1-09

Flexible Premium Adjustable Life Insurance Policy Form 2480 1-09

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/21/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number:	NALH-125998438	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	41933
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Policy Form 2470 1-09, 2480 1-09		
Project Name/Number:	Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09		

We are filing the referenced forms for your review and approval. These are new forms that do not replace any previously approved forms. These forms are laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than the minimum 10-point required by your state.

These forms are individual flexible premium adjustable life insurance policies available for issues ages 18-85. Generally, they be available in the bank- or corporate-owned life insurance market and will be distributed by specialized agents who focus on this market. Please see the attached actuarial memorandum for additional details.

The policy language is identical in both forms. The difference between the two is that Policy Form 2470 1-09 will be used in the fully underwritten market, and Policy Form 2480 1-09 will be used in the guaranteed issue market.

Regular Issue Application Form 81-36 (4-05), which was approved by your department on 5/13/2005 will be used to apply for Policy Form 2470 1-09. Guaranteed Issue Application Form 81-37 (4-05), which was approved by your department on 5/13/2005 will be used to apply for Policy Form 2480 1-09.

Endorsement Form 4574 10-08, which was approved by your department on 10/23/2008, will be available with Form 2470 1-09.

Both policies will be illustrated. The illustration actuary's certification is attached.

These policies were approved in Midland's domicile state of Iowa on 1/21/09.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 6223 or at solson@mnlife.com.

Sincerely,

Sherry Olson, AIRC
Senior Contract Analyst
Corporate Markets Center
Midland National Life Insurance Company

SERFF Tracking Number: NALH-125998438 State: Arkansas

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Adjustable Life

Product Name: Policy Form 2470 1-09, 2480 1-09

Project Name/Number: Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09

Company and Contact

Filing Contact Information

Sherry Olson, Senior Contract Analyst solson@mnlife.com
2000 44th St. South, Suite 300 (701) 433-6223 [Phone]
Fargo, ND 58103 (701) 433-8223[FAX]

Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per policy form x 2 policy forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$100.00	01/27/2009	25295851

SERFF Tracking Number:	NALH-125998438	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/03/2009	02/03/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/02/2009	02/02/2009	Sherry M. Olson	02/02/2009	02/02/2009

<i>SERFF Tracking Number:</i>	<i>NALH-125998438</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/03/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-125998438 State: Arkansas

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Adjustable Life

Product Name: Policy Form 2470 1-09, 2480 1-09

Project Name/Number: Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Application	Replaced	Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Illustration Actuary Certification		No
Supporting Document	Separate Account Investment Strategy		Yes
Supporting Document	Non-guaranteed COIs		Yes
Supporting Document	Certifications		Yes
Form	Flexible Premium Adjustable Life Insurance		Yes
Form	Flexible Premium Adjustable Life Insurance		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/02/2009
Submitted Date 02/02/2009

Respond By Date

Dear Sherry Olson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Flesch Certification (Supporting Document)

Comment: In addition to the flesch certification we will need the following certifications:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/02/2009

<i>SERFF Tracking Number:</i>	<i>NALH-125998438</i>	<i>State:</i>	<i>Arkansas</i>
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Submitted Date	02/02/2009		

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Filing Company: Midland National Life Insurance Company State Tracking Number: 41933
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Policy Form 2470 1-09, 2480 1-09
Project Name/Number: Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09

Dear Linda Bird,

Comments:

Response 1

Comments: This is in response to your 2/2/09 objection letter.

I have attached the additional certifications to the Supporting Documents tab. I also noted that one of the approved application forms was attached to the Flesch Certification item in error, so I moved that to the Application item.

If you need any additional information to complete your review, please let me know.

Related Objection 1

Applies To:

- Flesch Certification (Supporting Document)

Comment:

In additon to the flesch certification we will need the following certifications:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Please review your issue procedures and assure us that you are in compliance wtih Ark. Code Ann. 23-79-138.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 2470 1-09	Policy/Cont Flexible Premium ract/Fratern Adjustable Life al Insurance Certificate	Initial		58	Policy Form 2470 1-09.pdf
	Form 2480 1-09	Policy/Cont Flexible Premium ract/Fratern Adjustable Life al Insurance Certificate	Initial		58	Policy Form 2480 1-09.pdf



*A Member of the Sammons Financial Group
A Stock Company*

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266
Executive Office: One Midland Plaza, Sioux Falls, SD 57193
Corporate Markets Center: 2000 44th St. S, Suite 300, Fargo, ND 58103 (800) 283-5433

**FLEXIBLE PREMIUM
ADJUSTABLE LIFE INSURANCE POLICY**

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, Midland National Life Insurance Company is referred to as "We", "Us", "Our", or the "Company". "You" and "Your" refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured's death prior to the Maturity Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured's death. If the Insured is living on the Maturity Date, the Surrender Value will be paid to You. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of any application(s) and payment of the first Premium.

The Company has established a separate account for the underlying assets of this Contract. Amounts allocated to a separate account are owned by the Company, and the Company may not act as, nor hold itself out to be, a trustee with respect to such amounts. To the extent provided under the applicable contracts, that portion of the assets of any separate account equal to the reserves and other contract liabilities with respect to the account is not chargeable with liabilities arising out of any other business the Company may conduct.

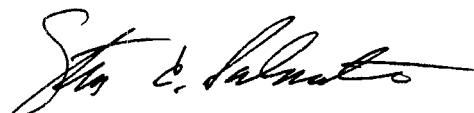
PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and Midland National Life Insurance Company.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Our Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after we receive the returned Policy, we will then void it as of the Effective Date as though it was never issued and we will refund all Premiums that have been paid.

Signed by Midland National Life Insurance Company at its Executive Office.


President


Secretary

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RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 22.

***** SPECIFICATIONS PAGE *****

SCHEDULE OF BENEFITS

TYPE BASIC BENEFIT	AMOUNT	MATURITY DATE	FORM
FLEXIBLE PREMIUM ADJUSTABLE LIFE	[\$100,000]	[01-01-2095]*	2470

SCHEDULE OF PREMIUMS

AMOUNT	PERIOD
[\$1,525.39]	[86 YEARS]

* IT IS POSSIBLE THAT COVERAGE WILL EXPIRE PRIOR TO THE MATURITY DATE SHOWN WHEN EITHER NO PREMIUMS ARE PAID FOLLOWING PAYMENT OF THE INITIAL PREMIUM OR SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE TO SUCH DATE.

INSURED:
[JOHN DOE]

ISSUE AGE AND SEX:
[35] [MALE]

RATE CLASS:
[PREFERRED]

EFFECTIVE DATE: [JANUARY 1, 2009]

POLICY NUMBER: [01232090]

ISSUE DATE: [JANUARY 1, 2009]
OWNER: [THE INSURED]

BASIC BENEFIT AMOUNT: [\$100,000]
DEDUCTION DAY: [THE 1ST DAY
OF EACH MONTH]

DEATH BENEFIT OPTION: [1 LEVEL DEATH BENEFIT]

SUB-ACCOUNT: [GENERAL ACCOUNT CLONE]

PAGE: 1

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000
2001 CSO MALE

POLICY DURATION	INSURANCE RATE	POLICY DURATION	INSURANCE RATE
1	0.10089	44	4.84012
2	0.10673	45	5.41330
3	0.11174	46	6.04178
4	0.12008	47	6.76172
5	0.12842	48	7.51460
6	0.13760	49	8.33044
7	0.14929	50	9.24138
8	0.16348	51	10.27544
9	0.17934	52	11.43495
10	0.19939	53	12.71507
11	0.22110	54	14.10525
12	0.24199	55	15.59358
13	0.26455	56	17.17057
14	0.27792	57	18.67330
15	0.29381	58	20.26544
16	0.31387	59	21.97376
17	0.33896	60	23.81218
18	0.37327	61	25.79274
19	0.41176	62	27.64147
20	0.45949	63	29.65378
21	0.51563	64	31.85097
22	0.57515	65	34.25958
23	0.63891	66	36.90863
24	0.69179	67	39.06362
25	0.75227	68	41.41764
26	0.82540	69	43.99544
27	0.91627	70	46.82418
28	1.02661	71	49.93704
29	1.14974	72	53.37325
30	1.27896	73	57.18462
31	1.41513	74	61.42909
32	1.55235	75	66.18205
33	1.68978	76	71.53882
34	1.83933	77	77.62686
35	1.99167	78	83.33333
36	2.17329	79	83.33333
37	2.37666	80	83.33333
38	2.64823	81	83.33333
39	2.93182	82	83.33333
40	3.23010	83	83.33333
41	3.56144	84	83.33333
42	3.92357	85	83.33333
43	4.34571	86	83.33333

MINIMUM BASIC BENEFIT AMOUNT: [\$25,000]

PARTIAL SURRENDER FEE: [\$25.00]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

TABLE OF POLICY VALUE PERCENTAGES

INSURED ATTAINED AGE	%	INSURED ATTAINED AGE	%	INSURED ATTAINED AGE	%
35	[475.70]	57	[230.12]	79	[134.38]
36	[459.44]	58	[223.43]	80	[132.01]
37	[443.76]	59	[216.98]	81	[129.78]
38	[428.60]	60	[210.78]	82	[127.70]
39	[414.03]	61	[204.84]	83	[125.75]
40	[399.99]	62	[199.18]	84	[123.91]
41	[386.46]	63	[193.80]	85	[122.19]
42	[373.47]	64	[188.70]	86	[120.59]
43	[360.99]	65	[183.85]	87	[119.10]
44	[349.01]	66	[179.23]	88	[117.74]
45	[337.53]	67	[174.82]	89	[116.47]
46	[326.56]	68	[170.58]	90	[115.31]
47	[316.01]	69	[166.51]	91	[114.23]
48	[305.90]	70	[162.57]	92	[113.19]
49	[296.11]	71	[158.80]	93	[112.16]
50	[286.64]	72	[155.18]	94	[111.13]
51	[277.51]	73	[151.76]	95	[110.05]
52	[268.71]	74	[148.50]	96	[108.87]
53	[260.28]	75	[145.39]	97	[107.47]
54	[252.21]	76	[142.43]	98	[105.70]
55	[244.49]	77	[139.60]	99	[103.33]
56	[237.14]	78	[136.92]	100+	[100.00]

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY
ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. S., SUITE 300
FARGO, ND 58103
(800) 283-5433

PAGE: 2.1

INSURED: JOHN DOE

POLICY NUMBER: 01237050

EXCHANGE PROVISION

YOU MAY REQUEST A CHANGE OF OWNERSHIP OR ASSIGNMENT OF SURRENDER VALUES UNDER THE TERMS OF SECTION 1035 OF THE INTERNAL REVENUE CODE (IRC). IF YOU REQUEST THAT THIS POLICY BE SURRENDERED AND SUBSEQUENTLY TRANSFERRED TO ANOTHER INSURANCE COMPANY BY MEANS OF AN EXCHANGE UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE OR BY ANY OTHER MEANS DIRECTLY OR INDIRECTLY TO ACHIEVE AN EXCHANGE QUALIFYING UNDER SECTION 1035, OR FOR ANY OTHER SURRENDER REQUEST TO WHICH WE MUTUALLY AGREE, YOU HAVE TWO PAYOUT OPTIONS. YOU MAY CHOOSE THE OPTION AT THE TIME OF YOUR REQUEST.

OPTION 1: WE WILL PAY OUT NO MORE THAN 10% OF THE SURRENDER VALUE AS OF THE DATE OF YOUR REQUEST DURING ANY PERIOD OF SIX CONSECUTIVE MONTHS UNTIL THIS POLICY IS IN EFFECT FOR AT LEAST TEN YEARS.

OPTION 2: WE WILL ASSESS A FEE AS A PERCENTAGE OF THE REQUESTED SURRENDER VALUE AS OUTLINED BELOW:

POLICY YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE	POLICY YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE
1	8%	7	4%
2	8%	8	3%
3	7%	9	2%
4	7%	10	1%
5	6%	11+	0%
6	5%		

FOR THE PURPOSES OF DETERMINING THE AMOUNT OF ANY SURRENDER OR WITHDRAWAL FROM THIS CONTRACT THAT IS INCLUDABLE IN GROSS INCOME, ALL CONTRACTS CLASSIFIED AS MODIFIED ENDOWMENT CONTRACTS BY THE INTERNAL REVENUE CODE THAT ARE ISSUED BY THE SAME COMPANY TO THE SAME POLICY OWNER WITHIN A CALENDAR YEAR ARE TREATED AS ONE MODIFIED ENDOWMENT CONTRACT.

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

(SIGNATURE)

(SIGNATURE)

(PRINT NAME)

(PRINT NAME)

(TITLE)

(TITLE)

(DATE)

(DATE)

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Deduction Day	The date We deduct all costs of insurance from the Policy Value. We show the Monthly Deduction Day on page 1.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Grace Period	If the Surrender Value is not enough to equal the Monthly Deduction on any Deduction Day, the Grace Period begins. The Grace Period is the next 60 days.
Increase Amount	The amount of any increase in the basic benefit amount.
Increase Amount Effective Date	The date when coverage for an Increase Amount in the basic benefit amount begins. We will show the Effective Date of each Increase Amount on an endorsement to the Policy.
Insured	The person whose life is Insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Maturity Date	The date coverage under this Policy terminates and the Policy's Surrender Value, if any, becomes payable to You in lieu of the Proceeds, provided this Policy is then in effect and the Insured is alive. The Maturity Date is shown on page 1 or any endorsement.
Monthly Deduction	The amount We subtract from the Policy Value for all costs of insurance for the Policy and any attached riders.
Payee	The person to whom We make payment.

Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Policy Value	The value of this Policy if it remains in effect. The Policy Value is not available in cash.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death or surrender. These amounts are not the same.
Surrender Value	The Surrender Value is equal to the Policy Value, less any Policy Loans and loan interest You owe to Us.
Sub-Account Transfer	You may request a change to a different sub-account of the separate account by giving Us Written Notice. We have the right to defer any such request for up to twelve months. We also have the right to refuse any such request.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire Contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application or in an application for an Increase Amount in the basic benefit amount. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date. We cannot contest any Increase Amount as to statements made in the application for the Increase Amount after it has been in effect during the Insured's lifetime, for two years following the Increase Amount's Effective Date.</p> <p>We cannot contest this Policy after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, Our liability will be limited to the Premiums paid less any partial surrenders, Policy Loans and loan interest due to Us. A new two year period will apply for each Increase Amount. Our liability will be limited to the total Monthly Deduction for each Increase Amount.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the death benefit to equal the Policy Value minus any unpaid Policy Loans and loan interest, plus the amount of insurance coverage that the most recent monthly cost of insurance deduction would have purchased at the correct age and sex.
Assignment	You may assign this Policy, subject to any amount You owe to Us on this Policy. We will not be bound by any assignment until it is filed with Us. We will not be liable for the validity of any assignment.
Annual Report	<p>We will send a report to You at Your last known address each year which shows the following amounts as of the end of the current report period:</p> <ol style="list-style-type: none">1. The Policy Value at the beginning and at the end of the current report period;2. The total amounts We credited and debited to the Policy Value since the last report period;3. The current death benefit;4. The Surrender Value; and,5. Any unpaid Policy Loans and loan interest.

Termination

All coverage this Policy provides will end on the earlier of the following:

1. The Deduction Day on or following the date We receive Written Notice of surrender of this Policy for its full Surrender Value.
2. The Insured's death.
3. The end of the Grace Period.
4. The Maturity Date.

Any riders will also terminate unless the rider states otherwise.

Nonparticipation

This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.

**Right to Amend
Policy and
Disclaimer**

The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance policy. You have the right to refuse any amendment.

Benefits

Death Benefit

We will pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds are:

- The death benefit described below;
- Plus additional death benefits provided on the Insured's life by any attached rider;
- Plus interest from the date of the Insured's death at a rate not less than 2.5% or such minimum rate as required by law;
- Minus any unpaid Policy Loans and loan interest; and,
- Minus any Monthly Deductions if the Insured dies during the Grace Period.

Death Benefit Options

There are two death benefit options as follows:

Death Benefit Option 1: This is a level death benefit. The death benefit will be the greater of 1 or 2 below:

1. The basic benefit amount on the date of the Insured's death; or,
2. The percentage of Policy Value shown in the Table of Policy Value Percentages on page 2.1.

Death Benefit Option 2: This is a return of Policy Value death benefit. The death benefit will be the greater of 1 or 2 below:

1. The basic benefit amount plus the Policy Value on the date of the Insured's death; or,
2. The percentage of Policy Value shown in the Table of Policy Value Percentages on page 2.1.

Death Benefit Changes

You may change the basic benefit amount as provided for in this section, by Written Notice to Us. We will send an endorsement to this Policy to You at Your last known address which will show the death benefit change and the Effective Date of the change.

You may change the basic benefit amount, as follows:

- 1. Increase the basic benefit amount:** While the Insured is alive, You may increase the basic benefit amount. Each Increase Amount must be at least \$25,000. Any increase will result in a larger Monthly Deduction. You must submit an application for the increase to Us and provide Us with satisfactory evidence that the Insured is insurable. Any increase We approve will take effect on the date shown on an endorsement to this Policy.
- 2. Decrease the basic benefit amount:** You may decrease the basic benefit amount, but the basic benefit amount may not be less than the minimum shown on page 2. We will reduce the most recent Increase Amount first and then other Increase Amounts in the reverse order in which they took place. We will not make a decrease that would disqualify this Policy as life insurance under the Internal Revenue Code. A decrease will result in a smaller Monthly Deduction. Any decrease will take effect on the Deduction Day on or following the date We receive Your Written Notice.
- 3. Change the Death Benefit Option:** You may change the Death Benefit Option. If

the change is from:

1. Death Benefit Option 2 to Death Benefit Option 1, the basic benefit amount will be increased by the Policy Value at that time.
2. Death Benefit Option 1 to Death Benefit Option 2, the basic benefit amount will be decreased by the Policy Value at that time.

Any change will take effect on the Deduction Day on or following the date We receive Your Written Notice.

Other Changes

One of Our officers must approve any policy change that is not stated in this section. We will attach an approved change to this Policy as an endorsement. No agent can change any part of this Policy.

Premiums

Premium Payments

The first Premium is due on the Effective Date. After You have paid the first Premium, You can pay subsequent Premiums at any time. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. You may increase, decrease, stop or restart Premium payments subject to the limits below. The actual amounts and timing of Premium payments will affect the Policy Values and amount and term of insurance. If You stop paying Premiums, coverage will continue subject to the Grace Period. Under conditions stated in the Grace Period provision, We may require You to pay Premiums to keep the Policy in effect. We may require satisfactory evidence of the insurability of the Insured if payment of a Premium during the current Policy Year would increase the difference between the death benefit and the Policy Value.

In order to preserve the favorable tax status of this Policy, We may:

1. Limit the amount of Premiums You may pay; and,
2. Return any Premiums that exceed limits under the tax laws of the United States or the state where We deliver this Policy.

Continuation of Insurance

This Policy will continue in effect until the Surrender Value on any Deduction Day is insufficient to pay the Monthly Deduction for that month. At that time, the Grace Period provisions will apply.

Grace Period

If the Surrender Value is not enough to pay the Monthly Deduction on any Deduction Day, the Grace Period begins.

The next 60 days is the Grace Period. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address when the Grace Period begins.

During the Grace Period, coverage this Policy and any attached riders provide will continue. If the Insured dies during the Grace Period, We will deduct the Monthly Deduction from the Proceeds.

Any Premium payment during the Grace Period must be at least the amount that will continue this Policy in effect for the next two months. If You do not pay this Premium by the end of the Grace Period, this Policy will lapse without value. Any riders will also lapse without value unless the rider states otherwise. We will send a notice of lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy if it lapses. The reinstated Policy cannot exceed the basic benefit amount when the Policy lapsed. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate this Policy, We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability;
3. Payment of enough Premiums to keep the Policy in effect for two months from the Monthly Deduction Day following the reinstatement; and,
4. Payment or reinstatement of any Policy Loan.

The Surrender Value at reinstatement will be equal to the Surrender Value when this Policy lapsed.

Owner and Beneficiary**Owner**

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's owner. You must file a Written Notice with Us.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving Beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living and this Policy is in effect. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with Us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Policy Loans**Policy Loans**

You may borrow up to the maximum loan amount on the sole security of this Policy. The maximum loan amount is the Surrender Value.

Loan interest accrues daily at 5.0% per year, which is calculated at 4.76% in advance. Interest is due in advance. When You make a loan, and at each anniversary, loan interest is due and payable in advance to the next anniversary. We add interest not paid when due to the loan balance and it will bear interest at the same rate as the loan. We will refund any unearned interest if You repay the Policy Loan.

You may repay all or any part of the loan at any time while this Policy is in effect by mailing or delivering payment to Us.

When the loan amount exceeds the Policy Value, this Policy will lapse without value 60 days after We send a notification to Your last known address and to any assignee's last known address. This Policy will stay in effect if You pay the amount shown on the notification to Us within 60 days.

We can postpone the loan for 6 months, except for loans to pay any Premiums to Us.

Policy Values**Policy Value**

We calculate the Policy Value as follows:

On the Effective Date: The Policy Value will be the first Premium paid.

On each Deduction Day: We will calculate the Policy Value as follows:

1. We will subtract from the Policy Value on the prior Deduction Day any Policy Value taken out since the prior Deduction Day and the Monthly Deduction for the prior policy month.
2. We will add the interest for the month on the difference.
3. We will add all Premiums received since the prior Deduction Day, plus interest from the date received.

On any day other than a Deduction Day: We will calculate the Policy Value as follows:

1. We will subtract from the Policy Value on the prior Deduction Day any Policy Value taken out since the prior Deduction Day and the Monthly Deduction for the prior policy month.
2. We will add all Premiums received since the prior Deduction Day, plus interest from the date received.

Monthly Deduction	Each Monthly Deduction consists of the cost of insurance, plus the cost of additional benefits provided by any riders.
Cost of Insurance Rate	<p>We base the cost of insurance rate for the basic benefit amount and each Increase Amount on the:</p> <ul style="list-style-type: none"> • Insured's Issue Age; • Insured's sex; • Insured's rate class; and, • Policy Duration from the Effective Date. <p>The cost of insurance rates will never be greater than those shown on page 2 for the basic benefit amount, or an endorsement for any Increase Amount. We base the cost of insurance rates on future expectations as to investment earnings, mortality experience, persistency, expenses and federal income tax law. We will apply any change in cost of insurance rates to all Insureds of the same class.</p>
Cost of Insurance	<p>We calculate the cost of insurance monthly on the Deduction Day. We calculate the cost separately for the basic benefit amount and any Increase Amount. The cost of insurance depends on the death benefit option in effect. We use the factor 1.0016516 to adjust for one month's interest.</p> <p>We calculate the cost of insurance as follows:</p> <p>Death Benefit Option 1:</p> <p>When the death benefit is the basic benefit amount, We divide the basic benefit amount on the Deduction Day by 1.0016516. We subtract the Policy Value as of the prior Deduction Day less any Policy Value taken out since the prior Deduction Day from the result. We divide the difference by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, the Policy Value reduces the basic benefit amount first. If the Policy Value exceeds the basic benefit amount divided by 1.0016516, it reduces each Increase Amount in the order such increases were made.</p> <p>Death Benefit Option 2:</p> <p>When the death benefit is the basic benefit amount plus the Policy Value, We divide the basic benefit amount on the Deduction Day by 1.0016516. We divide this amount by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, We divide each Increase Amount by 1.0016516. We divide this amount by 1,000 and multiply the result by the cost of insurance rate.</p> <p>Death Benefit Option 1 or 2:</p> <p>When the death benefit is a percent of the Policy Value, We divide the death benefit on the Deduction Day by 1.0016516. We subtract the Policy Value as of the prior Deduction Day less any Policy Value taken out since the prior Deduction Day from the result. We divide the difference by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, the Policy Value reduces the basic benefit amount first. If the Policy Value exceeds the basic benefit amount divided by 1.0016516, it reduces each Increase Amount in the order such increases were made.</p>

Interest Rate	We will credit an interest rate of at least 0.16516% per month, compounded monthly, to the Policy Value, including any Policy Value used as collateral for a Policy Loan. This is the same as 2.0% per year. The interest rate applicable to the calculation of all Policy Values will never be less than 2.0% per year. We may use interest rates greater than this rate to calculate Policy Values.
Surrender Value	You may surrender this Policy by Written Notice while the Insured is living. The Policy will end on the Deduction Day on or following the date We receive Written Notice of surrender. We may postpone payment of any surrender amount for up to six months. The Surrender Value is equal to the Policy Value, less any Policy Loans and loan interest You owe to Us.
Surrender Charge	We will not impose any surrender charges if You surrender this Policy for its full Surrender Value. However, the Exchange Provision may apply.

Types of Surrenders

There are two types of surrenders:

1. **Total:** You surrender this Policy for its full Surrender Value. This Policy will then end on the Deduction Day on or following the date We receive Written Notice of surrender.
2. **Partial:** You take out part of the Surrender Value.

You may not make a partial surrender during the first two Policy Years. You can make one partial surrender each following Policy Year. The amount taken out cannot exceed the Surrender Value minus the partial surrender fee. We show the partial surrender fee on page 2.

We will reduce the Policy Value by the amount surrendered plus the partial surrender fee.

If Death Benefit Option 1 is in effect when You make Your request, We will also reduce the basic benefit amount by the amount of the Policy Value reduction. The reduced basic benefit amount must not be less than the minimum We show on page 2.

Basis of Values

We base the monthly guaranteed cost of insurance rates, minimum Policy Values, Surrender Values and single Premiums on the 2001 Commissioners' Standard Ordinary Mortality Tables, shown on page 2 of this Policy. We base Our calculations on the premise that deaths occur at the end of the Policy Year. We use an interest rate of 2.0% compounded yearly.

We will implement all calculations and assumptions in compliance with Section 7702 of the Internal Revenue Code (or any successor provision) to assure that the Policy is treated as a life insurance contract for tax purposes.

The Policy's Surrender Values and reserves are equal to or greater than those required by law. The method used to determine these values and reserves is on file with state insurance departments. The state in which this Policy is delivered has this information.

Projection of Benefits and Values

At Your request, We will provide estimates of future death benefits, Policy Values and Surrender Values once annually, free of charge. We may charge a service fee that will not exceed \$25, for more frequent requests. We will base the estimate on:

1. The Policy's current Surrender Value;
2. Insurance amounts, Premiums and death benefit option; and,
3. Any additional information required by the state in which this Policy is delivered.

**Option to Transfer
the Insured**

While the Policy is in effect, You may discontinue insurance on the Insured named in the Policy application and choose a new Insured. The new Insured must be under age 65 on the transfer date. Insurance will continue on the new Insured's life subject to this provision.

The Owner must be the same as the Owner to whom the Policy was originally issued.

To approve this transfer, We will need:

1. An application signed by You and the new Insured.
2. The Policy.
3. Satisfactory evidence of the new Insured's insurability.
4. A \$200 transfer fee.
5. Satisfactory evidence that You have an insurable interest in the new Insured.

The Surrender Value must be large enough to keep the Policy in effect to the next Policy Anniversary.

The transfer date is the date We approve the transfer. Coverage for the new Insured will be effective on the transfer date. We will send an endorsement to the Policy that reflects the transfer to You at Your last known address. The basic benefit amount, death benefit option, Policy Value, Surrender Value and any loan amounts as of the transfer date will remain the same. We will base the Monthly Deduction on the Policy Duration from the Effective Date and on the new Insured's Issue Age, sex and rate class.

If the new Insured's rate class changes from the time of application to the transfer date, the transfer will not take effect. To be effective, the transferred policy must be delivered during the new Insured's lifetime.

After the transfer date, the new Insured's Issue Age will be the new Insured's age at the birthday nearest the Effective Date. If the Effective Date precedes the new Insured's birthdate, We will change the Effective Date to the first Policy Anniversary date following the birthdate.

We cannot contest the transferred Policy and any attached riders after they have been in effect during the new Insured's lifetime for two years from the transfer date.

Any prior benefit provisions a rider provides may be continued after the transfer date with Our consent. We will base the Monthly Deductions for these riders on the Policy Duration from the Effective Date and on the new Insured's Issue Age, sex and rate class.

If the new Insured, whether sane or insane, dies by suicide within two years from the transfer date, Our liability will be limited to:

- The Premiums paid since the transfer date.
- PLUS • The Policy Value as of the transfer date.
- MINUS • Any partial surrenders since the transfer date.
- MINUS • Any unpaid Policy Loans and loan interest You owe to Us on the Policy.

Payment of Proceeds

Payment Provisions

We will pay the Proceeds of the Policy to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect.

We will make payment under the option You choose. If You did not choose an option, the Beneficiary can choose a payment option. The Beneficiary must file a written request with Us to receive payment. If no option is selected, the single sum payment option is automatic.

While the Insured is living, You can surrender this Policy for its Surrender Value. We will pay the Surrender Value under the payment option You choose. If You do not select a payment option, the single sum payment option is automatic.

Payment options are any of the following or any other payment options to which We agree.

1. SINGLE SUM PAYMENT

We make payment to the Payee in a single amount.

2. PROCEEDS AT INTEREST

We will hold the amount applied at interest. We will pay interest at a rate of at least 2.5%. The Payee may take withdrawals in total or in part at any time.

3. FIXED PERIOD INSTALLMENTS

We will pay a monthly income to the Payee in installments over a specified period of time as shown in Table One.

4. FIXED AMOUNT INSTALLMENTS

We will pay a monthly income to the Payee in specified amounts until We've made all payments.

5. LIFE INCOME

We will pay a monthly income for the Payee's life. Several options are available.

a. **LIFE WITH 10 OR 20 YEARS CERTAIN**

Payments are guaranteed for 10 or 20 years. We will make payments until the later of the end of the selected guaranteed period or until the Payee dies.

b. **LIFE WITH INSTALLMENT REFUND**

We will make payments until the later of the date the amount paid equals the amount applied or until the Payee dies.

c. **LIFE WITH NO REFUND**

We will make payments until the Payee dies. We will not make payments after the Payee dies.

d. **JOINT AND SURVIVOR WITH 10 YEARS CERTAIN**

Payments are guaranteed for 10 years. We will make payments until the later of the end of the guaranteed period or until both Payees die.

e. **JOINT AND 50% SURVIVOR**

We will make payments until both Payees die. When the primary Payee dies, We will reduce the payments. We will not make payments after both Payees die.

f. **JOINT AND 2/3 SURVIVOR**

We will make payments until both Payees die. When the first Payee dies, We will reduce the payments. We will not make payments after both Payees die.

Payment of Proceeds, Continued

Other Provisions

1. We base the guaranteed payment rates in Table Two on each Payee's sex and the age to the nearest birthday. We will supply the rates for ages not shown on request. We will calculate requested rates in the same way as those in Table Two. We base the life income options in Table Two on a 2.5% interest rate and the U.S. Annuity 2000 Mortality Tables.
2. We may require satisfactory evidence of each Payee's age and sex for the life income options.
3. We may require proof that the Payee is alive when payment is due.
4. When the Payee dies, We will pay any unpaid Proceeds to the Payee's estate unless otherwise agreed to in writing.

Selection of a Payment Option

You choose a payment option by Written Notice. You may change a payment option at any time before the payment option takes effect. The payment option takes effect when We receive the notice. If You assign this Policy or if the Payee is a corporation, association, partnership, trustee, or estate, We must consent to the payment option.

You may give the Beneficiary the right to change the payment option. The Beneficiary cannot change or transfer the Proceeds before the Insured dies. To the extent allowed by law, no payment of Proceeds or interest will be subject to the creditors' claims.

Payments

We will issue a settlement certificate to replace this Policy when payments begin. The settlement certificate will state the terms.

The monthly income under any option must be at least \$50.00.

Table One - Fixed Period Installments
Installments for Fixed Number of Years for Each \$1,000 of Proceeds

Years Payable	Monthly Payment	Years Payable	Monthly Payment
5	\$17.73	9	\$10.34
6	14.96	10	9.41
7	12.98	15	6.65
8	11.49	20	5.29

Table Two - Life Income Options
Monthly Payments for Each \$1,000 of Proceeds

Age of Payee	10 Years Certain		20 Years Certain		Installment Refund		Without Refund	
	Male	Female	Male	Female	Male	Female	Male	Female
50	3.78	3.54	3.68	3.49	3.62	3.45	3.81	3.55
51	3.85	3.60	3.74	3.54	3.68	3.50	3.88	3.61
52	3.92	3.66	3.80	3.60	3.75	3.55	3.95	3.68
53	3.99	3.73	3.86	3.65	3.80	3.61	4.03	3.74
54	4.07	3.79	3.92	3.71	3.86	3.66	4.11	3.81
55	4.15	3.86	3.98	3.77	3.94	3.72	4.20	3.89
56	4.23	3.94	4.04	3.83	4.00	3.79	4.29	3.97
57	4.32	4.02	4.11	3.90	4.08	3.85	4.39	4.05
58	4.42	4.10	4.18	3.96	4.15	3.92	4.49	4.14
59	4.52	4.19	4.24	4.03	4.24	4.00	4.60	4.23
60	4.63	4.28	4.31	4.10	4.31	4.07	4.72	4.33
61	4.74	4.38	4.38	4.17	4.41	4.15	4.84	4.43
62	4.85	4.48	4.45	4.25	4.48	4.24	4.97	4.55
63	4.98	4.59	4.51	4.32	4.59	4.33	5.12	4.66
64	5.10	4.70	4.58	4.39	4.69	4.42	5.27	4.79
65	5.24	4.83	4.64	4.47	4.78	4.52	5.43	4.93
66	5.38	4.95	4.71	4.54	4.90	4.63	5.60	5.07
67	5.52	5.09	4.77	4.61	5.03	4.72	5.79	5.23
68	5.68	5.23	4.83	4.69	5.13	4.83	5.99	5.39
69	5.83	5.38	4.88	4.75	5.26	4.95	6.20	5.57
70	5.99	5.54	4.93	4.82	5.41	5.08	6.42	5.76
71	6.16	5.71	4.98	4.88	5.52	5.21	6.66	5.97
72	6.33	5.88	5.02	4.94	5.68	5.35	6.92	6.20
73	6.50	6.06	5.06	4.99	5.81	5.49	7.19	6.44
74	6.68	6.25	5.10	5.04	5.99	5.65	7.48	6.70
75	6.86	6.44	5.13	5.08	6.13	5.81	7.79	6.99
76	7.04	6.64	5.16	5.12	6.33	5.99	8.12	7.30
77	7.22	6.84	5.18	5.15	6.49	6.17	8.48	7.63
78	7.39	7.05	5.20	5.18	6.71	6.37	8.86	7.99
79	7.57	7.25	5.22	5.20	6.90	6.58	9.27	8.38
80	7.74	7.45	5.24	5.22	7.09	6.80	9.70	8.80
81	7.90	7.65	5.25	5.24	7.30	6.99	10.17	9.27
82	8.06	7.84	5.26	5.25	7.52	7.25	10.67	9.76
83	8.21	8.02	5.27	5.26	7.75	7.46	11.20	10.31
84	8.36	8.19	5.27	5.27	8.00	7.75	11.77	10.89
85	8.49	8.35	5.28	5.27	8.26	8.00	12.38	11.52

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 2/3 Survivor Annuity

Female Age	Male Age								
	50	55	60	62	65	70	75	80	85
50	3.52	3.66	3.81	3.88	3.98	4.15	4.32	4.49	4.66
51	3.55	3.70	3.85	3.92	4.02	4.20	4.38	4.56	4.72
52	3.58	3.73	3.89	3.96	4.07	4.25	4.44	4.62	4.79
53	3.62	3.77	3.94	4.01	4.12	4.31	4.50	4.69	4.87
54	3.65	3.81	3.98	4.05	4.17	4.37	4.57	4.76	4.95
55	3.68	3.85	4.03	4.10	4.22	4.43	4.63	4.84	5.03
56	3.71	3.88	4.07	4.15	4.27	4.49	4.70	4.92	5.11
57	3.74	3.92	4.12	4.20	4.33	4.55	4.78	5.00	5.20
58	3.78	3.96	4.17	4.25	4.39	4.62	4.85	5.08	5.30
59	3.81	4.01	4.22	4.31	4.45	4.69	4.93	5.17	5.40
60	3.85	4.05	4.27	4.36	4.51	4.76	5.02	5.27	5.50
61	3.88	4.09	4.32	4.42	4.57	4.84	5.10	5.37	5.61
62	3.92	4.13	4.37	4.48	4.64	4.91	5.20	5.47	5.73
63	3.96	4.18	4.43	4.53	4.70	4.99	5.29	5.58	5.85
64	3.99	4.22	4.48	4.59	4.77	5.08	5.39	5.69	5.98
65	4.03	4.27	4.54	4.66	4.84	5.16	5.49	5.81	6.11
66	4.07	4.32	4.60	4.72	4.91	5.25	5.60	5.94	6.25
67	4.11	4.36	4.66	4.78	4.99	5.34	5.71	6.07	6.40
68	4.15	4.41	4.72	4.85	5.06	5.44	5.82	6.20	6.56
69	4.19	4.46	4.78	4.92	5.14	5.53	5.94	6.35	6.73
70	4.23	4.51	4.84	4.98	5.22	5.63	6.07	6.50	6.91
71	4.27	4.56	4.90	5.05	5.30	5.74	6.20	6.66	7.09
72	4.32	4.61	4.97	5.12	5.38	5.84	6.33	6.82	7.29
73	4.36	4.67	5.03	5.20	5.46	5.95	6.47	6.99	7.49
74	4.40	4.72	5.10	5.27	5.55	6.06	6.61	7.17	7.71
75	4.45	4.77	5.16	5.34	5.63	6.17	6.75	7.36	7.93
76	4.49	4.82	5.23	5.41	5.72	6.28	6.90	7.55	8.17
77	4.53	4.88	5.30	5.49	5.80	6.40	7.05	7.74	8.42
78	4.58	4.93	5.36	5.56	5.89	6.52	7.21	7.94	8.67
79	4.62	4.99	5.43	5.64	5.98	6.63	7.37	8.15	8.94
80	4.67	5.04	5.50	5.71	6.07	6.75	7.52	8.36	9.21
81	4.71	5.09	5.56	5.78	6.15	6.87	7.68	8.58	9.49
82	4.76	5.14	5.63	5.86	6.24	6.98	7.84	8.80	9.78
83	4.80	5.20	5.69	5.93	6.32	7.10	8.00	9.02	10.08
84	4.84	5.25	5.76	6.00	6.41	7.21	8.16	9.24	10.38
85	4.88	5.30	5.82	6.07	6.49	7.33	8.32	9.46	10.69

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint & 100% Survivor Annuity with 10 Years Certain

Female Age	Male Age								
	50	55	60	62	65	70	75	80	85
50	3.26	3.34	3.41	3.43	3.46	3.49	3.51	3.53	3.54
51	3.28	3.37	3.45	3.47	3.51	3.54	3.57	3.58	3.59
52	3.31	3.41	3.49	3.52	3.55	3.60	3.63	3.64	3.65
53	3.33	3.44	3.53	3.56	3.60	3.65	3.69	3.71	3.72
54	3.36	3.48	3.58	3.61	3.66	3.71	3.75	3.77	3.78
55	3.38	3.51	3.62	3.66	3.71	3.77	3.81	3.84	3.85
56	3.41	3.55	3.67	3.71	3.76	3.83	3.88	3.91	3.93
57	3.43	3.58	3.71	3.76	3.82	3.90	3.95	3.98	4.00
58	3.45	3.61	3.76	3.81	3.88	3.97	4.03	4.06	4.08
59	3.48	3.64	3.80	3.86	3.93	4.03	4.10	4.15	4.17
60	3.50	3.68	3.85	3.91	3.99	4.10	4.18	4.23	4.26
61	3.52	3.71	3.89	3.96	4.05	4.18	4.27	4.32	4.35
62	3.54	3.74	3.94	4.01	4.11	4.25	4.35	4.42	4.45
63	3.56	3.77	3.98	4.06	4.17	4.33	4.44	4.52	4.56
64	3.57	3.80	4.02	4.11	4.23	4.41	4.53	4.62	4.67
65	3.59	3.82	4.06	4.16	4.29	4.49	4.63	4.73	4.78
66	3.61	3.85	4.11	4.21	4.35	4.57	4.73	4.84	4.90
67	3.62	3.88	4.15	4.25	4.41	4.65	4.83	4.96	5.03
68	3.64	3.90	4.18	4.30	4.47	4.73	4.93	5.08	5.16
69	3.65	3.92	4.22	4.35	4.53	4.81	5.04	5.20	5.30
70	3.66	3.94	4.26	4.39	4.58	4.89	5.15	5.33	5.45
71	3.68	3.97	4.29	4.43	4.64	4.97	5.26	5.47	5.60
72	3.69	3.98	4.32	4.47	4.69	5.06	5.37	5.60	5.75
73	3.70	4.00	4.36	4.51	4.74	5.13	5.48	5.74	5.91
74	3.71	4.02	4.38	4.54	4.79	5.21	5.59	5.88	6.08
75	3.71	4.03	4.41	4.58	4.84	5.29	5.70	6.02	6.24
76	3.72	4.05	4.44	4.61	4.88	5.36	5.80	6.16	6.41
77	3.73	4.06	4.46	4.64	4.93	5.43	5.90	6.30	6.58
78	3.74	4.07	4.48	4.67	4.96	5.49	6.00	6.44	6.75
79	3.74	4.08	4.50	4.69	5.00	5.55	6.10	6.57	6.91
80	3.75	4.09	4.52	4.71	5.03	5.61	6.19	6.70	7.08
81	3.75	4.10	4.53	4.73	5.06	5.66	6.27	6.82	7.23
82	3.76	4.11	4.55	4.75	5.09	5.70	6.35	6.93	7.38
83	3.76	4.11	4.56	4.77	5.11	5.75	6.42	7.04	7.52
84	3.76	4.12	4.57	4.78	5.13	5.78	6.48	7.14	7.64
85	3.76	4.12	4.58	4.79	5.15	5.82	6.54	7.22	7.76

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 50% Survivor Annuity

Joint Payee Female Age	Primary Payee Male Age								
	50	55	60	62	65	70	75	80	85
50	3.51	3.72	3.96	4.06	4.23	4.53	4.85	5.18	5.51
51	3.52	3.74	3.99	4.09	4.26	4.57	4.90	5.24	5.58
52	3.54	3.76	4.01	4.12	4.30	4.61	4.95	5.30	5.65
53	3.55	3.78	4.04	4.15	4.33	4.66	5.01	5.37	5.73
54	3.57	3.80	4.07	4.19	4.37	4.71	5.07	5.44	5.81
55	3.58	3.82	4.10	4.22	4.41	4.76	5.13	5.51	5.89
56	3.60	3.84	4.13	4.25	4.45	4.80	5.19	5.58	5.98
57	3.61	3.86	4.15	4.28	4.49	4.86	5.25	5.66	6.07
58	3.62	3.88	4.18	4.31	4.53	4.91	5.32	5.74	6.16
59	3.63	3.90	4.21	4.35	4.56	4.96	5.38	5.82	6.26
60	3.65	3.92	4.24	4.38	4.60	5.01	5.45	5.91	6.36
61	3.66	3.94	4.27	4.41	4.64	5.07	5.52	6.00	6.47
62	3.67	3.96	4.29	4.44	4.68	5.12	5.60	6.09	6.58
63	3.68	3.97	4.32	4.47	4.72	5.18	5.67	6.19	6.70
64	3.69	3.99	4.34	4.50	4.76	5.23	5.75	6.28	6.82
65	3.70	4.00	4.37	4.53	4.80	5.29	5.82	6.39	6.95
66	3.70	4.02	4.39	4.56	4.84	5.35	5.90	6.49	7.08
67	3.71	4.03	4.42	4.59	4.87	5.40	5.98	6.60	7.22
68	3.72	4.05	4.44	4.62	4.91	5.46	6.07	6.71	7.36
69	3.73	4.06	4.46	4.64	4.95	5.52	6.15	6.83	7.51
70	3.73	4.07	4.48	4.67	4.98	5.57	6.23	6.94	7.66
71	3.74	4.08	4.50	4.69	5.01	5.63	6.31	7.06	7.82
72	3.75	4.09	4.52	4.72	5.05	5.68	6.40	7.18	7.99
73	3.75	4.10	4.53	4.74	5.08	5.73	6.48	7.31	8.16
74	3.76	4.11	4.55	4.76	5.11	5.78	6.56	7.43	8.33
75	3.76	4.12	4.57	4.78	5.13	5.83	6.64	7.55	8.51
76	3.77	4.13	4.58	4.80	5.16	5.88	6.72	7.68	8.69
77	3.77	4.13	4.59	4.81	5.19	5.92	6.80	7.80	8.87
78	3.77	4.14	4.61	4.83	5.21	5.96	6.87	7.92	9.06
79	3.78	4.15	4.62	4.84	5.23	6.01	6.95	8.04	9.24
80	3.78	4.15	4.63	4.86	5.25	6.04	7.01	8.16	9.43
81	3.78	4.16	4.64	4.87	5.27	6.08	7.08	8.27	9.61
82	3.79	4.16	4.65	4.88	5.29	6.11	7.14	8.38	9.79
83	3.79	4.16	4.65	4.89	5.30	6.14	7.20	8.49	9.97
84	3.79	4.17	4.66	4.90	5.32	6.17	7.26	8.59	10.14
85	3.79	4.17	4.67	4.91	5.33	6.20	7.31	8.69	10.31

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 50% Survivor Annuity

Joint Payee Male Age	Primary Payee Female Age								
	50	55	60	62	65	70	75	80	85
50	3.40	3.62	3.87	3.98	4.15	4.48	4.85	5.26	5.69
51	3.41	3.63	3.89	4.00	4.19	4.52	4.90	5.33	5.77
52	3.42	3.65	3.91	4.03	4.22	4.56	4.96	5.39	5.84
53	3.43	3.66	3.93	4.05	4.25	4.60	5.01	5.46	5.93
54	3.44	3.68	3.96	4.08	4.28	4.64	5.06	5.53	6.01
55	3.44	3.69	3.98	4.10	4.31	4.69	5.12	5.60	6.10
56	3.45	3.70	4.00	4.13	4.34	4.73	5.18	5.67	6.19
57	3.46	3.72	4.02	4.15	4.37	4.77	5.24	5.75	6.28
58	3.47	3.73	4.04	4.17	4.40	4.82	5.30	5.83	6.38
59	3.47	3.74	4.06	4.20	4.43	4.86	5.36	5.91	6.49
60	3.48	3.75	4.07	4.22	4.46	4.90	5.42	5.99	6.59
61	3.49	3.76	4.09	4.24	4.48	4.95	5.48	6.08	6.71
62	3.49	3.77	4.11	4.26	4.51	4.99	5.55	6.17	6.82
63	3.50	3.78	4.13	4.28	4.54	5.03	5.61	6.26	6.94
64	3.50	3.79	4.14	4.30	4.57	5.07	5.67	6.35	7.07
65	3.51	3.80	4.16	4.32	4.59	5.12	5.74	6.44	7.19
66	3.51	3.81	4.17	4.34	4.62	5.16	5.80	6.54	7.32
67	3.51	3.81	4.18	4.35	4.64	5.20	5.87	6.63	7.46
68	3.52	3.82	4.19	4.37	4.66	5.23	5.93	6.73	7.60
69	3.52	3.83	4.21	4.38	4.68	5.27	5.99	6.83	7.74
70	3.52	3.83	4.22	4.40	4.70	5.31	6.05	6.93	7.88
71	3.53	3.84	4.23	4.41	4.72	5.34	6.11	7.02	8.03
72	3.53	3.84	4.24	4.42	4.74	5.37	6.17	7.12	8.17
73	3.53	3.85	4.24	4.43	4.76	5.41	6.23	7.21	8.32
74	3.53	3.85	4.25	4.44	4.77	5.44	6.28	7.31	8.47
75	3.54	3.85	4.26	4.45	4.78	5.46	6.33	7.40	8.62
76	3.54	3.86	4.27	4.46	4.80	5.49	6.38	7.49	8.77
77	3.54	3.86	4.27	4.47	4.81	5.51	6.43	7.58	8.91
78	3.54	3.86	4.28	4.48	4.82	5.54	6.48	7.66	9.06
79	3.54	3.87	4.28	4.48	4.83	5.56	6.52	7.75	9.21
80	3.54	3.87	4.29	4.49	4.84	5.58	6.56	7.82	9.35
81	3.54	3.87	4.29	4.50	4.85	5.60	6.60	7.90	9.49
82	3.55	3.87	4.30	4.50	4.86	5.61	6.63	7.97	9.62
83	3.55	3.87	4.30	4.51	4.86	5.63	6.67	8.04	9.75
84	3.55	3.88	4.30	4.51	4.87	5.64	6.70	8.11	9.88
85	3.55	3.88	4.31	4.51	4.88	5.65	6.73	8.17	10.00

**FLEXIBLE PREMIUM
ADJUSTABLE LIFE INSURANCE POLICY
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**



*A Member of the Sammons Financial Group
A Stock Company*

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266
Executive Office: One Midland Plaza, Sioux Falls, SD 57193
Corporate Markets Center: 2000 44th St. S, Suite 300, Fargo, ND 58103 (800) 283-5433

**FLEXIBLE PREMIUM
ADJUSTABLE LIFE INSURANCE POLICY**

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, Midland National Life Insurance Company is referred to as "We", "Us", "Our", or the "Company". "You" and "Your" refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured's death prior to the Maturity Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured's death. If the Insured is living on the Maturity Date, the Surrender Value will be paid to You. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of any application(s) and payment of the first Premium.

The Company has established a separate account for the underlying assets of this Contract. Amounts allocated to a separate account are owned by the Company, and the Company may not act as, nor hold itself out to be, a trustee with respect to such amounts. To the extent provided under the applicable contracts, that portion of the assets of any separate account equal to the reserves and other contract liabilities with respect to the account is not chargeable with liabilities arising out of any other business the Company may conduct.

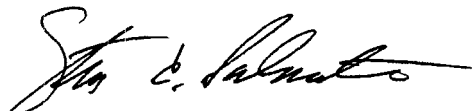
PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and Midland National Life Insurance Company.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Our Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after we receive the returned Policy, we will then void it as of the Effective Date as though it was never issued and we will refund all Premiums that have been paid.

Signed by Midland National Life Insurance Company at its Executive Office.


President


Secretary

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RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 22.

***** SPECIFICATIONS PAGE *****

SCHEDULE OF BENEFITS

TYPE BASIC BENEFIT	AMOUNT	MATURITY DATE	FORM
FLEXIBLE PREMIUM ADJUSTABLE LIFE	[\$100,000]	[01-01-2095]*	2480

SCHEDULE OF PREMIUMS

AMOUNT	PERIOD
[\$1,525.39]	[86 YEARS]

* IT IS POSSIBLE THAT COVERAGE WILL EXPIRE PRIOR TO THE MATURITY DATE SHOWN WHEN EITHER NO PREMIUMS ARE PAID FOLLOWING PAYMENT OF THE INITIAL PREMIUM OR SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE TO SUCH DATE.

INSURED: [JOHN DOE]	ISSUE AGE AND SEX: [35] [MALE]	RATE CLASS: [PREFERRED]
EFFECTIVE DATE: [JANUARY 1, 2009]	POLICY NUMBER: [01232090]	
ISSUE DATE: [JANUARY 1, 2009]	BASIC BENEFIT AMOUNT: [\$100,000]	
OWNER: [THE INSURED]	DEDUCTION DAY: [THE 1ST DAY OF EACH MONTH]	
DEATH BENEFIT OPTION: [1 LEVEL DEATH BENEFIT]		
SUB-ACCOUNT: [GENERAL ACCOUNT CLONE]		

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000
2001 CSO MALE

POLICY DURATION	INSURANCE RATE	POLICY DURATION	INSURANCE RATE
1	0.10089	44	4.84012
2	0.10673	45	5.41330
3	0.11174	46	6.04178
4	0.12008	47	6.76172
5	0.12842	48	7.51460
6	0.13760	49	8.33044
7	0.14929	50	9.24138
8	0.16348	51	10.27544
9	0.17934	52	11.43495
10	0.19939	53	12.71507
11	0.22110	54	14.10525
12	0.24199	55	15.59358
13	0.26455	56	17.17057
14	0.27792	57	18.67330
15	0.29381	58	20.26544
16	0.31387	59	21.97376
17	0.33896	60	23.81218
18	0.37327	61	25.79274
19	0.41176	62	27.64147
20	0.45949	63	29.65378
21	0.51563	64	31.85097
22	0.57515	65	34.25958
23	0.63891	66	36.90863
24	0.69179	67	39.06362
25	0.75227	68	41.41764
26	0.82540	69	43.99544
27	0.91627	70	46.82418
28	1.02661	71	49.93704
29	1.14974	72	53.37325
30	1.27896	73	57.18462
31	1.41513	74	61.42909
32	1.55235	75	66.18205
33	1.68978	76	71.53882
34	1.83933	77	77.62686
35	1.99167	78	83.33333
36	2.17329	79	83.33333
37	2.37666	80	83.33333
38	2.64823	81	83.33333
39	2.93182	82	83.33333
40	3.23010	83	83.33333
41	3.56144	84	83.33333
42	3.92357	85	83.33333
43	4.34571	86	83.33333

MINIMUM BASIC BENEFIT AMOUNT: [\$25,000]

PARTIAL SURRENDER FEE: [\$25.00]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

TABLE OF POLICY VALUE PERCENTAGES

INSURED ATTAINED AGE	%	INSURED ATTAINED AGE	%	INSURED ATTAINED AGE	%
35	[475.70]	57	[230.12]	79	[134.38]
36	[459.44]	58	[223.43]	80	[132.01]
37	[443.76]	59	[216.98]	81	[129.78]
38	[428.60]	60	[210.78]	82	[127.70]
39	[414.03]	61	[204.84]	83	[125.75]
40	[399.99]	62	[199.18]	84	[123.91]
41	[386.46]	63	[193.80]	85	[122.19]
42	[373.47]	64	[188.70]	86	[120.59]
43	[360.99]	65	[183.85]	87	[119.10]
44	[349.01]	66	[179.23]	88	[117.74]
45	[337.53]	67	[174.82]	89	[116.47]
46	[326.56]	68	[170.58]	90	[115.31]
47	[316.01]	69	[166.51]	91	[114.23]
48	[305.90]	70	[162.57]	92	[113.19]
49	[296.11]	71	[158.80]	93	[112.16]
50	[286.64]	72	[155.18]	94	[111.13]
51	[277.51]	73	[151.76]	95	[110.05]
52	[268.71]	74	[148.50]	96	[108.87]
53	[260.28]	75	[145.39]	97	[107.47]
54	[252.21]	76	[142.43]	98	[105.70]
55	[244.49]	77	[139.60]	99	[103.33]
56	[237.14]	78	[136.92]	100+	[100.00]

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY
ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. S., SUITE 300
FARGO, ND 58103
(800) 283-5433

PAGE: 2.1

INSURED: JOHN DOE

POLICY NUMBER: 01237050

EXCHANGE PROVISION

YOU MAY REQUEST A CHANGE OF OWNERSHIP OR ASSIGNMENT OF SURRENDER VALUES UNDER TERMS OF SECTION 1035 OF THE INTERNAL REVENUE CODE (IRC). IF YOU REQUEST THAT THIS POLICY BE SURRENDERED AND SUBSEQUENTLY TRANSFERRED TO ANOTHER INSURANCE COMPANY BY MEANS OF AN EXCHANGE UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE OR BY ANY OTHER MEANS DIRECTLY OR INDIRECTLY TO ACHIEVE AN EXCHANGE QUALIFYING UNDER SECTION 1035, OR FOR ANY OTHER SURRENDER REQUEST TO WHICH WE MUTUALLY AGREE, YOU HAVE TWO PAYOUT OPTIONS. YOU MAY CHOOSE THE OPTION AT THE TIME OF YOUR REQUEST.

OPTION 1: WE WILL PAY OUT NO MORE THAN 10% OF THE SURRENDER VALUE AS OF THE DATE OF YOUR REQUEST DURING ANY PERIOD OF SIX CONSECUTIVE MONTHS UNTIL THIS POLICY IS IN EFFECT FOR AT LEAST TEN YEARS.

OPTION 2: WE WILL ASSESS A FEE AS A PERCENTAGE OF THE REQUESTED SURRENDER VALUE AS OUTLINED BELOW:

POLICY YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE	POLICY YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE
1	8%	7	4%
2	8%	8	3%
3	7%	9	2%
4	7%	10	1%
5	6%	11+	0%
6	5%		

FOR THE PURPOSES OF DETERMINING THE AMOUNT OF ANY SURRENDER OR WITHDRAWAL FROM THIS CONTRACT THAT IS INCLUDABLE IN GROSS INCOME, ALL CONTRACTS CLASSIFIED AS MODIFIED ENDOWMENT CONTRACTS BY THE INTERNAL REVENUE CODE THAT ARE ISSUED BY THE SAME COMPANY TO THE SAME POLICY OWNER WITHIN A CALENDAR YEAR ARE TREATED AS ONE MODIFIED ENDOWMENT CONTRACT.

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

(SIGNATURE)

(SIGNATURE)

(PRINT NAME)

(PRINT NAME)

(TITLE)

(TITLE)

(DATE)

(DATE)

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Deduction Day	The date We deduct all costs of insurance from the Policy Value. We show the Monthly Deduction Day on page 1.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Grace Period	If the surrender value is not enough to equal the Monthly Deduction on any Deduction Day, the Grace Period begins. The Grace Period is the next 60 days.
Increase Amount	The amount of any increase in the basic benefit amount.
Increase Amount Effective Date	The date when coverage for an Increase Amount in the basic benefit amount begins. We will show the Effective Date of each Increase Amount on an endorsement to the Policy.
Insured	The person whose life is Insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Maturity Date	The date coverage under this Policy terminates and the Policy's surrender value, if any, becomes payable to You in lieu of the Proceeds, provided this Policy is then in effect and the Insured is alive. The Maturity Date is shown on page 1 or any endorsement.
Monthly Deduction	The amount We subtract from the Policy Value for all costs of insurance for the Policy and any attached riders.
Payee	The person to whom We make payment.

Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Policy Value	The value of this Policy if it remains in effect. The Policy Value is not available in cash.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death or surrender. These amounts are not the same.
Surrender Value	The Surrender Value is equal to the Policy Value, less any Policy Loans and loan interest You owe to Us.
Sub-Account Transfer	You may request a change to a different sub-account of the separate account by giving Us Written Notice. We have the right to defer any such request for up to twelve months. We also have the right to refuse any such request.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire Contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application or in an application for an Increase Amount in the basic benefit amount. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date. We cannot contest any Increase Amount as to statements made in the application for the Increase Amount after it has been in effect during the Insured's lifetime, for two years following the Increase Amount's Effective Date.</p> <p>We cannot contest this Policy after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, Our liability will be limited to the Premiums paid less any partial surrenders, Policy Loans and loan interest due to Us. A new two year period will apply for each Increase Amount. Our liability will be limited to the total Monthly Deduction for each Increase Amount.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the death benefit to equal the Policy Value minus any unpaid Policy Loans and loan interest, plus the amount of insurance coverage that the most recent monthly cost of insurance deduction would have purchased at the correct age and sex.
Assignment	You may assign this Policy, subject to any amount You owe to Us on this Policy. We will not be bound by any assignment until it is filed with Us. We will not be liable for the validity of any assignment.
Annual Report	<p>We will send You a report, to Your last known address, yearly which shows the following amounts as of the end of the current report period:</p> <ol style="list-style-type: none">1. The Policy Value at the beginning and at the end of the current report period;2. The total amounts We credited and debited to the Policy Value since the last report period;3. The current death benefit;4. The Surrender Value; and,5. Any unpaid Policy Loans and loan interest.

Termination

All coverage this Policy provides will end on the earlier of the following:

1. The Deduction Day on or following the date We receive Written Notice of surrender of this Policy for its full Surrender Value.
2. The Insured's death.
3. The end of the Grace Period.
4. The Maturity Date.

Any riders will also terminate unless the rider states otherwise.

Nonparticipation

This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.

**Right to Amend
Policy and
Disclaimer**

The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance policy. You have the right to refuse any amendment.

Benefits

Death Benefit

We will pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds are:

- The death benefit described below;
- Plus additional death benefits provided on the Insured's life by any attached rider;
- Plus interest from the date of the Insured's death at a rate not less than 2.5% or such minimum rate as required by law;
- Minus any unpaid Policy Loans and loan interest; and,
- Minus any Monthly Deductions if the Insured dies during the Grace Period.

Death Benefit Options

There are two death benefit options as follows:

Death Benefit Option 1: This is a level death benefit. The death benefit will be the greater of 1 or 2 below:

1. The basic benefit amount on the date of the Insured's death; or,
2. The percentage of Policy Value shown in the Table of Policy Value Percentages on page 2.1.

Death Benefit Option 2: This is a return of Policy Value death benefit. The death benefit will be the greater of 1 or 2 below:

1. The basic benefit amount plus the Policy Value on the date of the Insured's death; or,
2. The percentage of Policy Value shown in the Table of Policy Value Percentages on page 2.1.

Death Benefit Changes

You may change the basic benefit amount as provided for in this section, by Written Notice to Us. We will send You an endorsement to this Policy, which will show the death benefit change and the Effective Date of the change.

You may change the basic benefit amount, as follows:

- 1. Increase the basic benefit amount:** While the Insured is alive, You may increase the basic benefit amount. Each Increase Amount must be at least \$25,000. Any increase will result in a larger Monthly Deduction. You must submit an application for the increase to Us and provide Us with satisfactory evidence that the Insured is insurable. Any increase We approve will take effect on the date shown on an endorsement to this Policy.
- 2. Decrease the basic benefit amount:** You may decrease the basic benefit amount, but the basic benefit amount may not be less than the minimum shown on page 2. We will reduce the most recent Increase Amount first and then other Increase Amounts in the reverse order in which they took place. We will not make a decrease that would disqualify this Policy as life insurance under the Internal Revenue Code. A decrease will result in a smaller Monthly Deduction. Any decrease will take effect on the Deduction Day on or following the date We receive Your Written Notice.
- 3. Change the Death Benefit Option:** You may change the Death Benefit Option. If

the change is from:

1. Death Benefit Option 2 to Death Benefit Option 1, the basic benefit amount will be increased by the Policy Value at that time.
2. Death Benefit Option 1 to Death Benefit Option 2, the basic benefit amount will be decreased by the Policy Value at that time.

Any change will take effect on the Deduction Day on or following the date We receive Your Written Notice.

Other Changes

One of Our officers must approve any policy change that is not stated in this section. We will attach an approved change to this Policy as an endorsement. No agent can change any part of this Policy.

Premiums

Premium Payments

The first Premium is due on the Effective Date. After You have paid the first Premium, You can pay subsequent Premiums at any time. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. You may increase, decrease, stop or restart Premium payments subject to the limits below. The actual amounts and timing of Premium payments will affect the Policy Values and amount and term of insurance. If You stop paying Premiums, coverage will continue subject to the Grace Period. Under conditions stated in the Grace Period provision, We may require You to pay Premiums to keep the Policy in effect. We may require satisfactory evidence of the insurability of the Insured if payment of a Premium during the current Policy Year would increase the difference between the death benefit and the Policy Value.

In order to preserve the favorable tax status of this Policy, We may:

1. Limit the amount of Premiums You may pay; and,
2. Return any Premiums that exceed limits under the tax laws of the United States or the state where We deliver this Policy.

Continuation of Insurance

This Policy will continue in effect until the Surrender Value on any Deduction Day is insufficient to pay the Monthly Deduction for that month. At that time, the Grace Period provisions will apply.

Grace Period

If the Surrender Value is not enough to pay the Monthly Deduction on any Deduction Day, the Grace Period begins.

The next 60 days is the Grace Period. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address when the Grace Period begins.

During the Grace Period, coverage this Policy and any attached riders provide will continue. If the Insured dies during the Grace Period, We will deduct the Monthly Deduction from the Proceeds.

Any Premium payment during the Grace Period must be at least the amount that will continue this Policy in effect for the next two months. If You do not pay this Premium by the end of the Grace Period, this Policy will lapse without value. Any riders will also lapse without value unless the rider states otherwise. We will send a notice of lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy if it lapses. The reinstated Policy cannot exceed the basic benefit amount when the Policy lapsed. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate this Policy, We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability;
3. Payment of enough Premiums to keep the Policy in effect for two months from the Monthly Deduction Day following the reinstatement; and,
4. Payment or reinstatement of any Policy Loan.

The Surrender Value at reinstatement will be equal to the Surrender Value when this Policy lapsed.

Owner and Beneficiary**Owner**

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's owner. You must file a Written Notice with Us.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving Beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living and this Policy is in effect. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Policy Loans**Policy Loans**

You may borrow up to the maximum loan amount on the sole security of this Policy. The maximum loan amount is the Surrender Value.

Loan interest accrues daily at 5.0% per year, which is calculated at 4.76% in advance. Interest is due in advance. When You make a loan, and at each anniversary, loan interest is due and payable in advance to the next anniversary. We add interest not paid when due to the loan balance and it will bear interest at the same rate as the loan. We will refund any unearned interest if You repay the Policy Loan.

You may repay all or any part of the loan at any time while this Policy is in effect by mailing or delivering payment to Us.

When the loan amount exceeds the Policy Value, this Policy will lapse without value 60 days after We send a notification to Your last known address and to any assignee's last known address. This Policy will stay in effect if You pay the amount shown on the notification to Us within 60 days.

We can postpone the loan for 6 months, except for loans to pay any Premiums to Us.

Policy Values**Policy Value**

We calculate the Policy Value as follows:

On the Effective Date: The Policy Value will be the first Premium paid.

On each Deduction Day: We will calculate the Policy Value as follows:

1. We will subtract from the Policy Value on the prior Deduction Day any Policy Value taken out since the prior Deduction Day and the Monthly Deduction for the prior Policy Month.
2. We will add the interest for the month on the difference.
3. We will add all Premiums received since the prior Deduction Day, plus interest from the date received.

On any day other than a Deduction Day: We will calculate the Policy Value as follows:

1. We will subtract from the Policy Value on the prior Deduction Day any Policy Value taken out since the prior Deduction Day and the Monthly Deduction for the prior Policy Month.
2. We will add all Premiums received since the prior Deduction Day, plus interest from the date received.

Monthly Deduction	Each Monthly Deduction consists of the cost of insurance, plus the cost of additional benefits provided by any riders.
Cost of Insurance Rate	<p>We base the cost of insurance rate for the basic benefit amount and each Increase Amount on the:</p> <ul style="list-style-type: none"> • Insured's Issue Age; • Insured's sex; • Insured's rate class; and, • Policy Duration from the Effective Date. <p>The cost of insurance rates will never be greater than those shown on page 2 for the basic benefit amount, or an endorsement for any Increase Amount. We base the cost of insurance rates on future expectations as to investment earnings, mortality experience, persistency, expenses and federal income tax law. We will apply any change in cost of insurance rates to all Insureds of the same class.</p>
Cost of Insurance	<p>We calculate the cost of insurance monthly on the Deduction Day. We calculate the cost separately for the basic benefit amount and any Increase Amount. The cost of insurance depends on the death benefit option in effect. We use the factor 1.0016516 to adjust for one month's interest.</p> <p>We calculate the cost of insurance as follows:</p> <p>Death Benefit Option 1:</p> <p>When the death benefit is the basic benefit amount, We divide the basic benefit amount on the Deduction Day by 1.0016516. We subtract the Policy Value as of the prior Deduction Day less any Policy Value taken out since the prior Deduction Day from the result. We divide the difference by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, the Policy Value reduces the basic benefit amount first. If the Policy Value exceeds the basic benefit amount divided by 1.0016516, it reduces each Increase Amount in the order such increases were made.</p> <p>Death Benefit Option 2:</p> <p>When the death benefit is the basic benefit amount plus the Policy Value, We divide the basic benefit amount on the Deduction Day by 1.0016516. We divide this amount by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, We divide each Increase Amount by 1.0016516. We divide this amount by 1,000 and multiply the result by the cost of insurance rate.</p> <p>Death Benefit Option 1 or 2:</p> <p>When the death benefit is a percent of the Policy Value, We divide the death benefit on the Deduction Day by 1.0016516. We subtract the Policy Value as of the prior Deduction Day less any Policy Value taken out since the prior Deduction Day from the result. We divide the difference by 1,000 and multiply the result by the cost of insurance rate.</p> <p>If there are Increase Amounts, the Policy Value reduces the basic benefit amount first. If the Policy Value exceeds the basic benefit amount divided by 1.0016516, it reduces each Increase Amount in the order such increases were made.</p>

Interest Rate	We will credit an interest rate of at least 0.16516% per month, compounded monthly, to the Policy Value, including any Policy Value used as collateral for a Policy Loan. This is the same as 2.0% per year. The interest rate applicable to the calculation of all Policy Values will never be less than 2.0% per year. We may use interest rates greater than this rate to calculate Policy Values.
Surrender Value	You may surrender this Policy by Written Notice while the Insured is living. The Policy will end on the Deduction Day on or following the date We receive Written Notice of surrender. We may postpone payment of any surrender amount for up to six months. The Surrender Value is equal to the Policy Value, less any Policy Loans and loan interest You owe to Us.
Surrender Charge	We will not impose any surrender charges if You surrender this Policy for its full Surrender Value. However, the Exchange Provision may apply.

Types of Surrenders

There are two types of surrenders:

1. **Total:** You surrender this Policy for its full Surrender Value. This Policy will then end on the Deduction Day on or following the date We receive Written Notice of surrender.
2. **Partial:** You take out part of the Surrender Value.

You may not make a partial surrender during the first two Policy Years. You can make one partial surrender each following Policy Year. The amount taken out cannot exceed the Surrender Value minus the partial surrender fee. We show the partial surrender fee on page 2.

We will reduce the Policy Value by the amount surrendered plus the partial surrender fee.

If Death Benefit Option 1 is in effect when You make Your request, We will also reduce the basic benefit amount by the amount of the Policy Value reduction. The reduced basic benefit amount must not be less than the minimum We show on page 2.

Basis of Values

We base the monthly guaranteed cost of insurance rates, minimum Policy Values, Surrender Values and single Premiums on the 2001 Commissioners' Standard Ordinary Mortality Tables, shown on page 2 of this Policy. We base Our calculations on the premise that deaths occur at the end of the Policy Year. We use an interest rate of 2.0% compounded yearly.

We will implement all calculations and assumptions in compliance with Section 7702 of the Internal Revenue Code (or any successor provision) to assure that the Policy is treated as a life insurance contract for tax purposes.

The Policy's Surrender Values and reserves are equal to or greater than those required by law. The method used to determine these values and reserves is on file with state insurance departments. The state in which this Policy is delivered has this information.

Projection of Benefits and Values

At Your request, We will provide estimates of future death benefits, Policy Values and Surrender Values once annually, free of charge. We may charge a service fee that will not exceed \$25, for more frequent requests. We will base the estimate on:

1. The Policy's current Surrender Value;
2. Insurance amounts, Premiums and death benefit option; and,
3. Any additional information required by the state in which this Policy is delivered.

**Option to Transfer
the Insured**

While the Policy is in effect, You may discontinue insurance on the Insured named in the Policy application and choose a new Insured. The new Insured must be under age 65 on the transfer date. Insurance will continue on the new Insured's life subject to this provision.

The Owner must be the same as the Owner to whom the Policy was originally issued.

To approve this transfer, We will need:

1. An application signed by You and the new Insured.
2. The Policy.
3. Satisfactory evidence of the new Insured's insurability.
4. A \$200 transfer fee.
5. Satisfactory evidence that You have an insurable interest in the new Insured.

The Surrender Value must be large enough to keep the Policy in effect to the next Policy Anniversary.

The transfer date is the date We approve the transfer. Coverage for the new Insured will be effective on the transfer date. We will send an endorsement to the Policy that reflects the transfer to You at Your last known address. The basic benefit amount, death benefit option, Policy Value, Surrender Value and any loan amounts as of the transfer date will remain the same. We will base the Monthly Deduction on the Policy Duration from the Effective Date and on the new Insured's Issue Age, sex and rate class.

If the new Insured's rate class changes from the time of application to the transfer date, the transfer will not take effect. To be effective, the transferred policy must be delivered during the new Insured's lifetime.

After the transfer date, the new Insured's Issue Age will be the new Insured's age at the birthday nearest the Effective Date. If the Effective Date precedes the new Insured's birthdate, We will change the Effective Date to the first Policy Anniversary date following the birthdate.

We cannot contest the transferred Policy and any attached riders after they have been in effect during the new Insured's lifetime for two years from the transfer date.

Any prior benefit provisions a rider provides may be continued after the transfer date with Our consent. We will base the Monthly Deductions for these riders on the Policy Duration from the Effective Date and on the new Insured's Issue Age, sex and rate class.

If the new Insured, whether sane or insane, dies by suicide within two years from the transfer date, Our liability will be limited to:

- The Premiums paid since the transfer date.
- PLUS • The Policy Value as of the transfer date.
- MINUS • Any partial surrenders since the transfer date.
- MINUS • Any unpaid Policy Loans and loan interest You owe to Us on the Policy.

Payment of Proceeds

Payment Provisions

We will pay the Proceeds of the Policy to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect.

We will make payment under the option You choose. If You did not choose an option, the Beneficiary can choose a payment option. The Beneficiary must file a written request with Us to receive payment. If no option is selected, the single sum payment option is automatic.

While the Insured is living, You can surrender this Policy for its Surrender Value. We will pay the Surrender Value under the payment option You choose. If You do not select a payment option, the single sum payment option is automatic.

Payment options are any of the following or any other payment options to which We agree.

1. SINGLE SUM PAYMENT

We make payment to the Payee in a single amount.

2. PROCEEDS AT INTEREST

We will hold the amount applied at interest. We will pay interest at a rate of at least 2.5%. The Payee may take withdrawals in total or in part at any time.

3. FIXED PERIOD INSTALLMENTS

We will pay a monthly income to the Payee in installments over a specified period of time as shown in Table One.

4. FIXED AMOUNT INSTALLMENTS

We will pay a monthly income to the Payee in specified amounts until We've made all payments.

5. LIFE INCOME

We will pay a monthly income for the Payee's life. Several options are available.

a. LIFE WITH 10 OR 20 YEARS CERTAIN

Payments are guaranteed for 10 or 20 years. We will make payments until the later of the end of the selected guaranteed period or until the Payee dies.

b. LIFE WITH INSTALLMENT REFUND

We will make payments until the later of the date the amount paid equals the amount applied or until the Payee dies.

c. LIFE WITH NO REFUND

We will make payments until the Payee dies. We will not make payments after the Payee dies.

d. JOINT AND SURVIVOR WITH 10 YEARS CERTAIN

Payments are guaranteed for 10 years. We will make payments until the later of the end of the guaranteed period or until both Payees die.

e. JOINT AND 50% SURVIVOR

We will make payments until both Payees die. When the primary Payee dies, We will reduce the payments. We will not make payments after both Payees die.

f. JOINT AND 2/3 SURVIVOR

We will make payments until both Payees die. When the first Payee dies, We will reduce the payments. We will not make payments after both Payees die.

Payment of Proceeds, Continued

Other Provisions

1. We base the guaranteed payment rates in Table Two on each Payee's sex and the age to the nearest birthday. We will supply the rates for ages not shown on request. We will calculate requested rates in the same way as those in Table Two. We base the life income options in Table Two on a 2.5% interest rate and the U.S. Annuity 2000 Mortality Tables.
2. We may require satisfactory evidence of each Payee's age and sex for the life income options.
3. We may require proof that the Payee is alive when payment is due.
4. When the Payee dies, We will pay any unpaid Proceeds to the Payee's estate unless otherwise agreed to in writing.

Selection of a Payment Option

You choose a payment option by Written Notice. You may change a payment option at any time before the payment option takes effect. The payment option takes effect when We receive the notice. If You assign this Policy or if the Payee is a corporation, association, partnership, trustee, or estate, We must consent to the payment option.

You may give the Beneficiary the right to change the payment option. The Beneficiary cannot change or transfer the Proceeds before the Insured dies. To the extent allowed by law, no payment of Proceeds or interest will be subject to the creditors' claims.

Payments

We will issue a settlement certificate to replace this Policy when payments begin. The settlement certificate will state the terms.

The monthly income under any option must be at least \$50.00.

Table One - Fixed Period Installments
Installments for Fixed Number of Years for Each \$1,000 of Proceeds

Years Payable	Monthly Payment	Years Payable	Monthly Payment
5	\$17.73	9	\$10.34
6	14.96	10	9.41
7	12.98	15	6.65
8	11.49	20	5.29

Table Two - Life Income Options
Monthly Payments for Each \$1,000 of Proceeds

Age of Payee	10 Years Certain		20 Years Certain		Installment Refund		Without Refund	
	Male	Female	Male	Female	Male	Female	Male	Female
50	3.78	3.54	3.68	3.49	3.62	3.45	3.81	3.55
51	3.85	3.60	3.74	3.54	3.68	3.50	3.88	3.61
52	3.92	3.66	3.80	3.60	3.75	3.55	3.95	3.68
53	3.99	3.73	3.86	3.65	3.80	3.61	4.03	3.74
54	4.07	3.79	3.92	3.71	3.86	3.66	4.11	3.81
55	4.15	3.86	3.98	3.77	3.94	3.72	4.20	3.89
56	4.23	3.94	4.04	3.83	4.00	3.79	4.29	3.97
57	4.32	4.02	4.11	3.90	4.08	3.85	4.39	4.05
58	4.42	4.10	4.18	3.96	4.15	3.92	4.49	4.14
59	4.52	4.19	4.24	4.03	4.24	4.00	4.60	4.23
60	4.63	4.28	4.31	4.10	4.31	4.07	4.72	4.33
61	4.74	4.38	4.38	4.17	4.41	4.15	4.84	4.43
62	4.85	4.48	4.45	4.25	4.48	4.24	4.97	4.55
63	4.98	4.59	4.51	4.32	4.59	4.33	5.12	4.66
64	5.10	4.70	4.58	4.39	4.69	4.42	5.27	4.79
65	5.24	4.83	4.64	4.47	4.78	4.52	5.43	4.93
66	5.38	4.95	4.71	4.54	4.90	4.63	5.60	5.07
67	5.52	5.09	4.77	4.61	5.03	4.72	5.79	5.23
68	5.68	5.23	4.83	4.69	5.13	4.83	5.99	5.39
69	5.83	5.38	4.88	4.75	5.26	4.95	6.20	5.57
70	5.99	5.54	4.93	4.82	5.41	5.08	6.42	5.76
71	6.16	5.71	4.98	4.88	5.52	5.21	6.66	5.97
72	6.33	5.88	5.02	4.94	5.68	5.35	6.92	6.20
73	6.50	6.06	5.06	4.99	5.81	5.49	7.19	6.44
74	6.68	6.25	5.10	5.04	5.99	5.65	7.48	6.70
75	6.86	6.44	5.13	5.08	6.13	5.81	7.79	6.99
76	7.04	6.64	5.16	5.12	6.33	5.99	8.12	7.30
77	7.22	6.84	5.18	5.15	6.49	6.17	8.48	7.63
78	7.39	7.05	5.20	5.18	6.71	6.37	8.86	7.99
79	7.57	7.25	5.22	5.20	6.90	6.58	9.27	8.38
80	7.74	7.45	5.24	5.22	7.09	6.80	9.70	8.80
81	7.90	7.65	5.25	5.24	7.30	6.99	10.17	9.27
82	8.06	7.84	5.26	5.25	7.52	7.25	10.67	9.76
83	8.21	8.02	5.27	5.26	7.75	7.46	11.20	10.31
84	8.36	8.19	5.27	5.27	8.00	7.75	11.77	10.89
85	8.49	8.35	5.28	5.27	8.26	8.00	12.38	11.52

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 2/3 Survivor Annuity

Female Age	Male Age								
	50	55	60	62	65	70	75	80	85
50	3.52	3.66	3.81	3.88	3.98	4.15	4.32	4.49	4.66
51	3.55	3.70	3.85	3.92	4.02	4.20	4.38	4.56	4.72
52	3.58	3.73	3.89	3.96	4.07	4.25	4.44	4.62	4.79
53	3.62	3.77	3.94	4.01	4.12	4.31	4.50	4.69	4.87
54	3.65	3.81	3.98	4.05	4.17	4.37	4.57	4.76	4.95
55	3.68	3.85	4.03	4.10	4.22	4.43	4.63	4.84	5.03
56	3.71	3.88	4.07	4.15	4.27	4.49	4.70	4.92	5.11
57	3.74	3.92	4.12	4.20	4.33	4.55	4.78	5.00	5.20
58	3.78	3.96	4.17	4.25	4.39	4.62	4.85	5.08	5.30
59	3.81	4.01	4.22	4.31	4.45	4.69	4.93	5.17	5.40
60	3.85	4.05	4.27	4.36	4.51	4.76	5.02	5.27	5.50
61	3.88	4.09	4.32	4.42	4.57	4.84	5.10	5.37	5.61
62	3.92	4.13	4.37	4.48	4.64	4.91	5.20	5.47	5.73
63	3.96	4.18	4.43	4.53	4.70	4.99	5.29	5.58	5.85
64	3.99	4.22	4.48	4.59	4.77	5.08	5.39	5.69	5.98
65	4.03	4.27	4.54	4.66	4.84	5.16	5.49	5.81	6.11
66	4.07	4.32	4.60	4.72	4.91	5.25	5.60	5.94	6.25
67	4.11	4.36	4.66	4.78	4.99	5.34	5.71	6.07	6.40
68	4.15	4.41	4.72	4.85	5.06	5.44	5.82	6.20	6.56
69	4.19	4.46	4.78	4.92	5.14	5.53	5.94	6.35	6.73
70	4.23	4.51	4.84	4.98	5.22	5.63	6.07	6.50	6.91
71	4.27	4.56	4.90	5.05	5.30	5.74	6.20	6.66	7.09
72	4.32	4.61	4.97	5.12	5.38	5.84	6.33	6.82	7.29
73	4.36	4.67	5.03	5.20	5.46	5.95	6.47	6.99	7.49
74	4.40	4.72	5.10	5.27	5.55	6.06	6.61	7.17	7.71
75	4.45	4.77	5.16	5.34	5.63	6.17	6.75	7.36	7.93
76	4.49	4.82	5.23	5.41	5.72	6.28	6.90	7.55	8.17
77	4.53	4.88	5.30	5.49	5.80	6.40	7.05	7.74	8.42
78	4.58	4.93	5.36	5.56	5.89	6.52	7.21	7.94	8.67
79	4.62	4.99	5.43	5.64	5.98	6.63	7.37	8.15	8.94
80	4.67	5.04	5.50	5.71	6.07	6.75	7.52	8.36	9.21
81	4.71	5.09	5.56	5.78	6.15	6.87	7.68	8.58	9.49
82	4.76	5.14	5.63	5.86	6.24	6.98	7.84	8.80	9.78
83	4.80	5.20	5.69	5.93	6.32	7.10	8.00	9.02	10.08
84	4.84	5.25	5.76	6.00	6.41	7.21	8.16	9.24	10.38
85	4.88	5.30	5.82	6.07	6.49	7.33	8.32	9.46	10.69

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint & 100% Survivor Annuity with 10 Years Certain

Female Age	Male Age								
	50	55	60	62	65	70	75	80	85
50	3.26	3.34	3.41	3.43	3.46	3.49	3.51	3.53	3.54
51	3.28	3.37	3.45	3.47	3.51	3.54	3.57	3.58	3.59
52	3.31	3.41	3.49	3.52	3.55	3.60	3.63	3.64	3.65
53	3.33	3.44	3.53	3.56	3.60	3.65	3.69	3.71	3.72
54	3.36	3.48	3.58	3.61	3.66	3.71	3.75	3.77	3.78
55	3.38	3.51	3.62	3.66	3.71	3.77	3.81	3.84	3.85
56	3.41	3.55	3.67	3.71	3.76	3.83	3.88	3.91	3.93
57	3.43	3.58	3.71	3.76	3.82	3.90	3.95	3.98	4.00
58	3.45	3.61	3.76	3.81	3.88	3.97	4.03	4.06	4.08
59	3.48	3.64	3.80	3.86	3.93	4.03	4.10	4.15	4.17
60	3.50	3.68	3.85	3.91	3.99	4.10	4.18	4.23	4.26
61	3.52	3.71	3.89	3.96	4.05	4.18	4.27	4.32	4.35
62	3.54	3.74	3.94	4.01	4.11	4.25	4.35	4.42	4.45
63	3.56	3.77	3.98	4.06	4.17	4.33	4.44	4.52	4.56
64	3.57	3.80	4.02	4.11	4.23	4.41	4.53	4.62	4.67
65	3.59	3.82	4.06	4.16	4.29	4.49	4.63	4.73	4.78
66	3.61	3.85	4.11	4.21	4.35	4.57	4.73	4.84	4.90
67	3.62	3.88	4.15	4.25	4.41	4.65	4.83	4.96	5.03
68	3.64	3.90	4.18	4.30	4.47	4.73	4.93	5.08	5.16
69	3.65	3.92	4.22	4.35	4.53	4.81	5.04	5.20	5.30
70	3.66	3.94	4.26	4.39	4.58	4.89	5.15	5.33	5.45
71	3.68	3.97	4.29	4.43	4.64	4.97	5.26	5.47	5.60
72	3.69	3.98	4.32	4.47	4.69	5.06	5.37	5.60	5.75
73	3.70	4.00	4.36	4.51	4.74	5.13	5.48	5.74	5.91
74	3.71	4.02	4.38	4.54	4.79	5.21	5.59	5.88	6.08
75	3.71	4.03	4.41	4.58	4.84	5.29	5.70	6.02	6.24
76	3.72	4.05	4.44	4.61	4.88	5.36	5.80	6.16	6.41
77	3.73	4.06	4.46	4.64	4.93	5.43	5.90	6.30	6.58
78	3.74	4.07	4.48	4.67	4.96	5.49	6.00	6.44	6.75
79	3.74	4.08	4.50	4.69	5.00	5.55	6.10	6.57	6.91
80	3.75	4.09	4.52	4.71	5.03	5.61	6.19	6.70	7.08
81	3.75	4.10	4.53	4.73	5.06	5.66	6.27	6.82	7.23
82	3.76	4.11	4.55	4.75	5.09	5.70	6.35	6.93	7.38
83	3.76	4.11	4.56	4.77	5.11	5.75	6.42	7.04	7.52
84	3.76	4.12	4.57	4.78	5.13	5.78	6.48	7.14	7.64
85	3.76	4.12	4.58	4.79	5.15	5.82	6.54	7.22	7.76

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 50% Survivor Annuity

Joint Payee Female Age	Primary Payee Male Age								
	50	55	60	62	65	70	75	80	85
50	3.51	3.72	3.96	4.06	4.23	4.53	4.85	5.18	5.51
51	3.52	3.74	3.99	4.09	4.26	4.57	4.90	5.24	5.58
52	3.54	3.76	4.01	4.12	4.30	4.61	4.95	5.30	5.65
53	3.55	3.78	4.04	4.15	4.33	4.66	5.01	5.37	5.73
54	3.57	3.80	4.07	4.19	4.37	4.71	5.07	5.44	5.81
55	3.58	3.82	4.10	4.22	4.41	4.76	5.13	5.51	5.89
56	3.60	3.84	4.13	4.25	4.45	4.80	5.19	5.58	5.98
57	3.61	3.86	4.15	4.28	4.49	4.86	5.25	5.66	6.07
58	3.62	3.88	4.18	4.31	4.53	4.91	5.32	5.74	6.16
59	3.63	3.90	4.21	4.35	4.56	4.96	5.38	5.82	6.26
60	3.65	3.92	4.24	4.38	4.60	5.01	5.45	5.91	6.36
61	3.66	3.94	4.27	4.41	4.64	5.07	5.52	6.00	6.47
62	3.67	3.96	4.29	4.44	4.68	5.12	5.60	6.09	6.58
63	3.68	3.97	4.32	4.47	4.72	5.18	5.67	6.19	6.70
64	3.69	3.99	4.34	4.50	4.76	5.23	5.75	6.28	6.82
65	3.70	4.00	4.37	4.53	4.80	5.29	5.82	6.39	6.95
66	3.70	4.02	4.39	4.56	4.84	5.35	5.90	6.49	7.08
67	3.71	4.03	4.42	4.59	4.87	5.40	5.98	6.60	7.22
68	3.72	4.05	4.44	4.62	4.91	5.46	6.07	6.71	7.36
69	3.73	4.06	4.46	4.64	4.95	5.52	6.15	6.83	7.51
70	3.73	4.07	4.48	4.67	4.98	5.57	6.23	6.94	7.66
71	3.74	4.08	4.50	4.69	5.01	5.63	6.31	7.06	7.82
72	3.75	4.09	4.52	4.72	5.05	5.68	6.40	7.18	7.99
73	3.75	4.10	4.53	4.74	5.08	5.73	6.48	7.31	8.16
74	3.76	4.11	4.55	4.76	5.11	5.78	6.56	7.43	8.33
75	3.76	4.12	4.57	4.78	5.13	5.83	6.64	7.55	8.51
76	3.77	4.13	4.58	4.80	5.16	5.88	6.72	7.68	8.69
77	3.77	4.13	4.59	4.81	5.19	5.92	6.80	7.80	8.87
78	3.77	4.14	4.61	4.83	5.21	5.96	6.87	7.92	9.06
79	3.78	4.15	4.62	4.84	5.23	6.01	6.95	8.04	9.24
80	3.78	4.15	4.63	4.86	5.25	6.04	7.01	8.16	9.43
81	3.78	4.16	4.64	4.87	5.27	6.08	7.08	8.27	9.61
82	3.79	4.16	4.65	4.88	5.29	6.11	7.14	8.38	9.79
83	3.79	4.16	4.65	4.89	5.30	6.14	7.20	8.49	9.97
84	3.79	4.17	4.66	4.90	5.32	6.17	7.26	8.59	10.14
85	3.79	4.17	4.67	4.91	5.33	6.20	7.31	8.69	10.31

Table Two - Life Income Options, Continued
Monthly Payments for Each \$1,000 of Proceeds
Joint and 50% Survivor Annuity

Joint Payee Male Age	Primary Payee Female Age								
	50	55	60	62	65	70	75	80	85
50	3.40	3.62	3.87	3.98	4.15	4.48	4.85	5.26	5.69
51	3.41	3.63	3.89	4.00	4.19	4.52	4.90	5.33	5.77
52	3.42	3.65	3.91	4.03	4.22	4.56	4.96	5.39	5.84
53	3.43	3.66	3.93	4.05	4.25	4.60	5.01	5.46	5.93
54	3.44	3.68	3.96	4.08	4.28	4.64	5.06	5.53	6.01
55	3.44	3.69	3.98	4.10	4.31	4.69	5.12	5.60	6.10
56	3.45	3.70	4.00	4.13	4.34	4.73	5.18	5.67	6.19
57	3.46	3.72	4.02	4.15	4.37	4.77	5.24	5.75	6.28
58	3.47	3.73	4.04	4.17	4.40	4.82	5.30	5.83	6.38
59	3.47	3.74	4.06	4.20	4.43	4.86	5.36	5.91	6.49
60	3.48	3.75	4.07	4.22	4.46	4.90	5.42	5.99	6.59
61	3.49	3.76	4.09	4.24	4.48	4.95	5.48	6.08	6.71
62	3.49	3.77	4.11	4.26	4.51	4.99	5.55	6.17	6.82
63	3.50	3.78	4.13	4.28	4.54	5.03	5.61	6.26	6.94
64	3.50	3.79	4.14	4.30	4.57	5.07	5.67	6.35	7.07
65	3.51	3.80	4.16	4.32	4.59	5.12	5.74	6.44	7.19
66	3.51	3.81	4.17	4.34	4.62	5.16	5.80	6.54	7.32
67	3.51	3.81	4.18	4.35	4.64	5.20	5.87	6.63	7.46
68	3.52	3.82	4.19	4.37	4.66	5.23	5.93	6.73	7.60
69	3.52	3.83	4.21	4.38	4.68	5.27	5.99	6.83	7.74
70	3.52	3.83	4.22	4.40	4.70	5.31	6.05	6.93	7.88
71	3.53	3.84	4.23	4.41	4.72	5.34	6.11	7.02	8.03
72	3.53	3.84	4.24	4.42	4.74	5.37	6.17	7.12	8.17
73	3.53	3.85	4.24	4.43	4.76	5.41	6.23	7.21	8.32
74	3.53	3.85	4.25	4.44	4.77	5.44	6.28	7.31	8.47
75	3.54	3.85	4.26	4.45	4.78	5.46	6.33	7.40	8.62
76	3.54	3.86	4.27	4.46	4.80	5.49	6.38	7.49	8.77
77	3.54	3.86	4.27	4.47	4.81	5.51	6.43	7.58	8.91
78	3.54	3.86	4.28	4.48	4.82	5.54	6.48	7.66	9.06
79	3.54	3.87	4.28	4.48	4.83	5.56	6.52	7.75	9.21
80	3.54	3.87	4.29	4.49	4.84	5.58	6.56	7.82	9.35
81	3.54	3.87	4.29	4.50	4.85	5.60	6.60	7.90	9.49
82	3.55	3.87	4.30	4.50	4.86	5.61	6.63	7.97	9.62
83	3.55	3.87	4.30	4.51	4.86	5.63	6.67	8.04	9.75
84	3.55	3.88	4.30	4.51	4.87	5.64	6.70	8.11	9.88
85	3.55	3.88	4.31	4.51	4.88	5.65	6.73	8.17	10.00

**FLEXIBLE PREMIUM
ADJUSTABLE LIFE INSURANCE POLICY
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**

<i>SERFF Tracking Number:</i>	<i>NALH-125998438</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41933</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Policy Form 2470 1-09, 2480 1-09</i>		
<i>Project Name/Number:</i>	<i>Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-125998438 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 41933
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Policy Form 2470 1-09, 2480 1-09
Project Name/Number: Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09

Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification 02/02/2009
Comments:
Attachments:
2470, 2480 readability.pdf
81-37-CenCM0405 and census.pdf

Review Status:

Satisfied -Name: Application 02/02/2009
Comments:
Attachment:
81-36CM0405A.pdf

Review Status:

Satisfied -Name: Separate Account Investment Strategy 01/27/2009
Comments:
Attachment:
CM Separate Account Investment Strategy 2009.pdf

Review Status:

Satisfied -Name: Non-guaranteed COIs 01/27/2009
Comments:
Attachment:
Form 2470, 2480 Non-gtd COIs.pdf

Review Status:

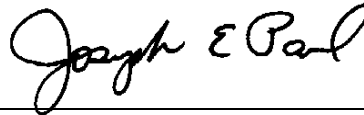
Satisfied -Name: Certifications 02/02/2009
Comments:
Attachment:
2470, 2480 AR Cert.pdf

READABILITY CERTIFICATE

Name and Address of Insurer Midland National Life Insurance Company
Corporate Markets Center
2000 44th Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 2470	Flexible Premium Universal Life Policy	58.10
Form 2480	Flexible Premium Universal Life Policy	58.10



Signature

Joseph E. Paul, FSA, MAAA

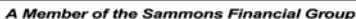
Typed Name

Vice President – Corporate Markets Operations

Title

January 19, 2009

Date



Application for Life Insurance

1. Owner Name (If Trust, Name and Date of Trust)		2. Tax ID No.	
3. Owner Address (Street, City, State, Zip)		4. Billing Address (if different from Owner address)	
3a. Secondary Addressee (Name, Street, City, State, Zip)			
5. Beneficiary			
6a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes			
6b. Will this insurance replace or change any existing life insurance or annuity? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," give name of company.)			
7a. Plan applied for		7b. Sub-account (If Applicable)	
7c. Death Benefit Option <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____		7d. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	

Agreement

Each person who signs below acknowledges and agrees that this application is made to Midland National Life Insurance Company for individual policies of life insurance on the lives of individuals specified on the Census. The application includes this part and its attached Census and any amendments or endorsements. All statements made in the application are complete and true and were correctly recorded.

Midland National Life Insurance Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility must remain as described in the application. By accepting the policy, the Owner consents to any changes that Midland National Life Insurance Company has made under "Home Office Endorsements," except that changes in the insurance amount, the risk class, or the insurance plan will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

FRAUD STATEMENT - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at _____
City State

Home Office Endorsements

Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

Date _____

Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; and (2) to the best of my knowledge and belief, the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

Signature of Agent

Printed Name of Agent

Date _____

FL License ID Number

MIDLAND NATIONAL LIFE INSURANCE COMPANY

PRINCIPAL OFFICE • DES MOINES, IA 50266

CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103

PHONE (800) 283-5433 • FAX: (701) 433-8596

AGENT'S REPORT

Name of Business Contact _____

Case Manager Name _____

Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Master GI Census

Date of Hire	Proposed Insured (Last, First, Middle)	Sex	Date of Birth	Age Nearest Birthday	SSN#	Nicotine use in past 12 months*	Policy Face Amount	Premium	Death Benefit Option	Title	Salary	U.S. Citizen (Y or N)
--------------	---	-----	---------------	----------------------	------	---------------------------------	--------------------	---------	----------------------	-------	--------	--------------------------

*In the past 12 months, has the Proposed Insured smoked one or more cigarettes or used any other tobacco/nicotine products? Check Y or N.

Please list Title (and/or) Salary.

I represent that, to the best of my knowledge and belief:

1. In the past 90 days the proposed insured has worked at least 30 hours per week for the sponsoring employer, at the usual place of business with the customary duties.

2. The proposed insured while employed by the sponsoring employer has not missed more than five consecutive days of work due to illness or injury in the past 90 days.

3a.The sponsoring employer keeps attendance records and can certify the accuracy of statements #1 & #2.

3b.The sponsoring employer agrees that these employment and attendance records will be made available to Midland National Life Insurance Company upon request either now or at any time in the future.

4. Unless otherwise disclosed, no other application for life insurance is pending or contemplated for any Proposed Insured by the sponsoring employer and Policy Owner with this or any other company.

I have reviewed the census information and statements #1 thru #4 above and agree that this information is accurate, unless otherwise disclosed below:

Signed for the Policy Owner by the following duly authorized official:

Name

Form # 81-37 (4-05) Census Form

Title

Corporate Tax ID#

Date

Regular Issue
Application for Life Insurance -- Part 1

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)		Social Security No.		Height ft. in.	Weight Lbs.
3. Occupation (Title and Duties)	Gross Annual Compensation \$	Telephone Numbers (Home) (Bus)			
4. Owner Name (If Trust, Name and Date of Trust)		Social Security or Tax ID No.			
Owner Address (Street, City, State, Zip)		Relationship to proposed Insured			
5a. Beneficiary		5b. Relationship			
6a. Plan Applied for		6b. Sub-account (If Applicable)			
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to an existing policy		8. Additional Benefits:			
9a. Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

11b. Policies in Force:

Company	Amount	Indicate		Intention of Replacement or Change	
		Personal	Business		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11c. Policies Applied for / Indicate Below or ☐ None:

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

MIDLAND NATIONAL LIFE INSURANCE COMPANY
 PRINCIPAL OFFICE • DES MOINES, IA 50266
 CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103
 PHONE (800) 283-5433 • FAX: (701) 433-8596

Application for Life Insurance -- Part 1, Continued

Provide details for all "Yes" answers to questions 12-19 below.

	Yes	No										
12.	<input type="checkbox"/>	<input type="checkbox"/>	Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes," complete appropriate questionnaire.)									
13.	<input type="checkbox"/>	<input type="checkbox"/>	Do you participate in or do you intend to participate in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes," complete appropriate questionnaire.)									
14.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of, or are you awaiting trial for a felony?									
15.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an application for insurance declined, postponed, or rated?									
			16. Your driver's license #: _____ State: _____									
			17. Within the past 10 years, have you been convicted of or pled guilty to:									
			<table style="width: 100%;"> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a. Moving violations?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. Driving under the influence of alcohol and/or other drugs?</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	a. Moving violations?	<input type="checkbox"/>	<input type="checkbox"/>	b. Driving under the influence of alcohol and/or other drugs?
Yes	No											
<input type="checkbox"/>	<input type="checkbox"/>	a. Moving violations?										
<input type="checkbox"/>	<input type="checkbox"/>	b. Driving under the influence of alcohol and/or other drugs?										
			18. <input type="checkbox"/> Have you been a pilot or crew member during the past 3 years or have any intention of becoming a pilot, student pilot, or crew member in any type of aircraft? (If "Yes," complete appropriate questionnaire.)									
			19. Have you ever used:									
			<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a. Cigarettes? Date Last Used: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. Other nicotine products? Date Last Used: _____</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	a. Cigarettes? Date Last Used: _____	<input type="checkbox"/>	<input type="checkbox"/>	b. Other nicotine products? Date Last Used: _____			
<input type="checkbox"/>	<input type="checkbox"/>	a. Cigarettes? Date Last Used: _____										
<input type="checkbox"/>	<input type="checkbox"/>	b. Other nicotine products? Date Last Used: _____										

Details for questions 12-19:

20. ☐ Yes ☐ No Do you have any family history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

First Name Only	Relationship	Condition	Current Age	Age at Death

Home Office Endorsements

1a. Name and address of Personal Physician:	
1b. Date and reason last consulted:	
<p>2. Have you ever had or been treated for:</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> a. High blood pressure, transient ischemic attack (TIA), stroke, or elevated cholesterol?</p> <p><input type="checkbox"/> <input type="checkbox"/> b. Chest pain, heart attack, heart murmur, or heart problem?</p> <p><input type="checkbox"/> <input type="checkbox"/> c. Cancer, tumor, blood or immune system disorder?</p> <p><input type="checkbox"/> <input type="checkbox"/> d. Diabetes, kidney, or urinary problem?</p> <p><input type="checkbox"/> <input type="checkbox"/> e. Ulcer, digestive, rectal, or liver problem?</p> <p><input type="checkbox"/> <input type="checkbox"/> f. Sleep apnea, lung or respiratory problem?</p> <p><input type="checkbox"/> <input type="checkbox"/> g. Mental, nervous, or seizure disorder?</p> <p><input type="checkbox"/> <input type="checkbox"/> h. Breast, uterus, ovaries, testicles, prostate problem, or sexually transmitted diseases?</p> <p><input type="checkbox"/> <input type="checkbox"/> i. Skin, bone, joint, muscle or arthritis problem?</p> <p><input type="checkbox"/> <input type="checkbox"/> j. Any injury, disease, or illness not indicated above?</p> <p>3. Have you ever:</p> <p><input type="checkbox"/> <input type="checkbox"/> a. Within the last 5 years, been advised to take, or are you currently taking, treatment or prescribed medicine?</p> <p><input type="checkbox"/> <input type="checkbox"/> b. Within the last 5 years, received medical treatment or advice for injury or illness, or been hospitalized or had surgery?</p> <p><input type="checkbox"/> <input type="checkbox"/> c. Applied for, or received benefits, because of accident, sickness, or disability?</p> <p><input type="checkbox"/> <input type="checkbox"/> d. Sought or received treatment for, or been arrested for, the use of alcohol, marijuana, or drugs?</p> <p><input type="checkbox"/> <input type="checkbox"/> e. Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?</p> <p>4. In the past 10 years have you:</p> <p><input type="checkbox"/> <input type="checkbox"/> Been diagnosed or treated by a member of the medical profession for immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?</p>	<p>Details for questions 1-4. Give details for any questions answered "Yes." Include all dates, diagnoses, duration, severity, treatment, and names and addresses of all attending physicians or medical practitioners.</p>

Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and Midland National Life Insurance Company's (the "Company") only liability shall be to refund any advance payment made.

The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in the application. If these requirements are met, insurance will be in force on the policy effective date. By accepting the policy, the Owner consents to any changes the Company has made under "Home Office Endorsements," except that changes in the insurance amount, the risk class, or the insurance plan will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, Medical Information Bureau (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation.

FRAUD STATEMENT - Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is/may be guilty of insurance fraud and may be subject to fines and penalties.

Signature of Proposed Insured

Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

Signed at _____ Date _____
 City State

Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; and (3) to the best of my knowledge and belief, the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

Signature of Agent

Date

Agent's No.

AGENT'S REPORT

Name of Business Contact: _____

<p>1. Proposed Insured's Gross Annual Compensation:</p> <p>Salary: _____</p> <p>Benefits/Bonuses: _____</p> <p>2. Additional Income: _____</p> <p>Source: _____</p> <p>3. Case Manager Name: _____</p>	<p>What is the purpose of this Insurance? (Please check all that apply)</p> <p><input type="checkbox"/> Offset Present & Future Benefit Liabilities</p> <p><input type="checkbox"/> Salary Continuation</p> <p><input type="checkbox"/> Deferred Compensation</p> <p><input type="checkbox"/> Incentive Compensation</p> <p><input type="checkbox"/> Split Dollar</p> <p><input type="checkbox"/> Survivor Income</p> <p><input type="checkbox"/> Key Person</p> <p><input type="checkbox"/> Other (Please Describe): _____</p>
--	---

Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Leave with Applicant

Fair Credit Reporting Act Notification

As part of Midland National Life's normal procedure of processing applications, we may obtain an investigative consumer report concerning such information as to your character, general reputation, and personal characteristics, except as may be related directly or indirectly to your sexual orientation. We will obtain this information through interviews with your friends, neighbors, and associates. You may make a written request to be personally interviewed when such a report is being prepared. You have the right to make a written request to receive a copy of the investigative consumer report. Further information on the nature and scope of the report, if one is made, is available upon request from Midland National Life Insurance Company.

Notice of Insurance Information Practices

You are our most important source of information, but personal information may also be collected from other persons. Such information, as well as other personal or privileged information our agent or we subsequently collect, may, in certain circumstances, be disclosed to third parties without your authorization.

We have established procedures to give you access to all personal information collected. You may request correction of such information in our files that you believe to be inaccurate.

We will provide a more complete description of the information practices of Midland National Life Insurance Company upon your request, in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

Medical Information Bureau Notification

Information regarding your insurability will be treated as confidential. Midland National Life Insurance Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Midland National Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Separate Account Investment Strategy – 2009

The separate account created for this product is named **Bank Owned Life Insurance Separate Accounts**. The sub-accounts available for this product are:

CM Sub-Account Treasuries and Agencies
CM Sub-Account AAA Corporations
CM Sub-Account General Account Clone
CM Sub-Account Trust Preferreds

The policy owner has the right to request a change in the sub-accounts for the underlying assets at any time. Midland National has the right to accept, defer, or reject any such request. No additional sub-accounts will be established for this product without prior approval from the Iowa insurance department.

The values of this contract may not vary directly in relation to the performance of the underlying assets in the selected sub-account. Midland National retains the unilateral right to establish the crediting rates for the policy. Within this company discretion, the crediting rates are anticipated to correlate with investment yields available in the asset classes in the selected sub-account. A crediting rate for each sub-account is declared every three months, and applies for the following three months. In the determination of the crediting rate for each sub-account, the expenses used will be allocated equitably among these various sub-accounts of the separate account.

The assets in these sub-accounts in the separate account are held at book value in order to maintain consistent treatment between assets and liabilities and to greatly reduce the sub-account's reliance on Midland National's general account for capital infusions. The general account will infuse capital into a sub-account of the separate account when the book value of the assets becomes less than the value of the liabilities as established by Midland National's appointed actuary. Midland National also retains the right to remove excess capital from these sub-accounts in the separate account if the book value of the assets exceeds the value of the liabilities as established by Midland National's appointed actuary.

Midland National's risk based capital, asset valuation reserve, and interest maintenance reserve will be held at levels established by Midland National's appointed actuary. Midland National will perform asset adequacy analysis and cash flow testing by examining the assets and the liabilities in the combined assets in these sub-accounts and the general account.

Bank Owned Life Insurance Separate Account Investment Policy Statement

Each of the sub-accounts in the separate account has its own investment policy statement. In addition, only the following types of investments are permitted within the separate account:

- Cash and cash equivalents
- United States Treasury, United States Government agency, and United States Government-sponsored agency securities
- Securities issued by the central government of OECD countries
- Mortgage-backed securities, collateralized mortgage obligations, and other securitized assets guaranteed by the U.S. Treasury, U.S. Government agencies, U.S. Government-sponsored agencies, U.S. state and local governments, or political subdivisions of OECD countries
- Securities issued by U.S. state and local governments, or political subdivisions of OECD countries for which repayment is solely funded by revenues from the specific project financed
- Mortgage-backed securities, collateralized mortgage obligations, and other securitized assets rated investment grade by at least one nationally recognized statistical rating organization (NRSRO)
- Securities guaranteed by U.S. depository institutions and banks in OECD countries
- Mortgage loans secured by residential properties
- Mortgage loans secured by commercial properties
- Securities issued by banking and insurance organizations that qualify as capital, including trust preferred securities and pass through securities backed by trust preferred securities, rated investment grade by at least one nationally recognized statistical rating organization (NRSRO)
- Securities issued by public and private corporations rated investment grade by at least one nationally recognized statistical rating organization (NRSRO)
- Unit trust or collective investment fund which exclusively invests in these types of securities
- Derivatives used solely for hedging purposes

Bank Owned Life Insurance Separate Accounts

Sub-Account Treasuries and Agencies – Investment Instruments issued by the U.S. Government and Government Agencies

Investment Policy Statement

The assets underlying the policy will be held in the sub-account designated "CM Sub-Account Treasuries and Agencies" of the Bank Owned Life Insurance Separate Accounts, established under Iowa insurance law, and administered in accordance with all applicable provisions of Iowa insurance law and any applicable regulations.

Assets allocated to the Sub-Account Treasuries and Agencies shall be owned by Midland National and managed collectively. The book value of Sub-Account Treasuries and Agencies assets will be equal to or greater than the policy value at all times, and not chargeable with liabilities arising out of any other business of Midland National. Midland National will infuse capital into the Sub-Account Treasuries and Agencies on a quarterly basis if the book value of the assets becomes less than the value of the liabilities or if the market value of the U.S. Treasury, U.S. Government Agency, and U.S. Government-Sponsored Agency assets becomes less than 90% of the value of the liabilities. Midland National will have the right to remove assets from the Sub-Account Treasuries and Agencies on a quarterly basis if the book value of the assets exceeds the value of the liabilities and the market value of the U.S. Treasury, U.S. Government Agency, and U.S. Government-Sponsored Agency assets exceeds the value of the liabilities.

Policy premiums will be deposited in the Sub-Account Treasuries and Agencies and investments purchased from the same account. The investments will be assets that have a guarantee from the U.S. Government or a government agency. Invested assets will include, but are not limited to, U.S. Government and government agency securities, debt issued by government-sponsored entities (GSE's), and pass through securities guaranteed by the U.S. Government or a government agency. Interest rate swaps may be used to exchange fixed and floating interest rates to match liabilities. The assets will be allocated based on the following ranges.

Midland National Sub-Account Treasuries and Agencies Asset Mix

	<u>% of Assets (Book Value)</u>
Cash/Cash Equivalents	0-10%
Government	
U.S. Treasury	0-100%
U.S. Government Agency	0-100%
U.S. Government-Sponsored Agency	0-100%
Total	100%

The assets of the Sub-Account Treasuries and Agencies will be managed in a prudent manner consistent with the underlying liability characteristics to create the highest sustainable yield.

Bank Owned Life Insurance Separate Accounts

Sub-Account AAA Corporations – Investment Instruments issued by the U.S. Government, Government Agencies, and AAA-Rated Corporations

Investment Policy Statement

The assets underlying the policy will be held in the sub-account designated "CM Sub-Account AAA Corporations" of the Bank Owned Life Insurance Separate Accounts, established under Iowa insurance law, and administered in accordance with all applicable provisions of Iowa insurance law and any applicable regulations.

Assets allocated to the Sub-Account AAA Corporations shall be owned by Midland National and managed collectively. The book value of Sub-Account AAA Corporations assets will be equal to or greater than the policy value at all times, and not chargeable with liabilities arising out of any other business of Midland National. Midland National will infuse capital into the Sub-Account AAA Corporations on a quarterly basis if the book value of the assets becomes less than the value of the liabilities. Midland National will have the right to remove assets from the Sub-Account AAA Corporations on a quarterly basis if the book value of the assets exceeds the value of the liabilities.

Policy premiums will be deposited in the Sub-Account AAA Corporations and investments purchased from the same account. The investments will be assets rated AAA by at least one nationally recognized statistical rating organization (NRSRO). Invested assets will include, but are not limited to, corporate debt securities, U.S. Government and government agency securities, and pass through securities. Interest rate swaps may be used to exchange fixed and floating interest rates to match liabilities. Any asset that is no longer rated AAA will be removed from the portfolio within three months of the change in ratings.

The assets of the Sub-Account AAA Corporations will be managed in a prudent manner consistent with the underlying liability characteristics to create the highest sustainable yield.

Bank Owned Life Insurance Separate Accounts

Sub-Account General Account Clone – Investment Instruments issued by the U.S. Government, Government Agencies, and Corporations

Investment Policy Statement

The assets underlying the policy will be held in the sub-account designated "CM Sub-Account General Account Clone" of the Bank Owned Life Insurance Separate Accounts, established under Iowa insurance law, and administered in accordance with all applicable provisions of Iowa insurance law and any applicable regulations.

Assets allocated to the Sub-Account General Account Clone shall be owned by Midland National and managed collectively. The book value of Sub-Account General Account Clone assets will be equal to or greater than the policy value at all times, and not chargeable with liabilities arising out of any other business of Midland National. Midland National will infuse capital into the Sub-Account General Account Clone on a quarterly basis if the book value of the assets becomes less than the value of the liabilities. Midland National will have the right to remove assets from the Sub-Account General Account Clone on a quarterly basis if the book value of the assets exceeds the value of the liabilities.

Policy premiums will be deposited in the Sub-Account General Account Clone and investments purchased from the same account. The investments will be designed to mirror the general account asset mix of Midland National and will evolve over time consistent with the changes in the General Account. Invested assets will include, but are not limited to, U. S. Government and government agency securities, pass through securities guaranteed by the U.S. Government or a government agency, public and private bonds, both callable and non-callable, commercial mortgages, various asset-backed securities, and other assets suitable for General Account investments. Interest rate swaps may be used to exchange fixed and floating interest rates to match liabilities. The assets will be allocated based on the following ranges.

Midland National Sub-Account General Account Clone Asset Mix

	<u>% of Assets (Book Value)</u>
Cash/Cash Equivalents	0-5%
Government	
U.S. Treasury	0-20%
U.S. Government Agency	0-20%
MBS	0-40%
Commercial MBS	0-10%
Commercial Mortgages	0-20%
Asset-Backed Securities	0-20%
Corporate Bonds	0-60%
CTLs	0-10%
Private Placement	0-25%
Other	0-10%
Total	100%

The assets of the Sub-Account General Account Clone will be managed in a prudent manner consistent with the underlying liability characteristics to create the highest sustainable yield.

Bank Owned Life Insurance Separate Accounts

Bank Owned Life Insurance Separate Accounts

Sub-Account Trust Preferreds – Investment instruments issued as trust preferred securities by special purpose vehicles created by banks or bank holding companies

Investment Policy Statement

The assets underlying the policy will be held in the sub-account designated "CM Sub-Account Trust Preferreds" of the Bank Owned Life Insurance Separate Accounts, established under Iowa insurance law, and administered in accordance with all applicable provisions of Iowa insurance law and any applicable regulations.

Assets allocated to the Sub-Account Trust Preferreds shall be owned by Midland National and managed collectively. The book value of Sub-Account Trust Preferreds assets will be equal to or greater than the policy value at all times, and not chargeable with liabilities arising out of any other business of Midland National. Midland National will infuse capital into the Sub-Account Trust Preferreds on a quarterly basis if the book value of the assets becomes less than the value of the liabilities. Midland National will have the right to remove assets from the Sub-Account Trust Preferreds on a quarterly basis if the book value of the assets exceeds the value of the liabilities.

Policy premiums will be deposited in the Sub-Account Trust Preferreds and investments purchased from the same account. Invested assets will include, but are not limited to, trust preferred securities issued by banks and bank holding companies through various special purpose vehicles, as well as pass through securities backed by trust preferred securities. Interest rate swaps may be used to exchange fixed and floating interest rates to match liabilities.

The assets of the Sub-Account Trust Preferreds will be managed in a prudent manner consistent with the underlying liability characteristics to create the highest sustainable yield.

Female Preferred
Monthly Non-guaranteed COI Rates per \$1000

Pol Year													
Iss Age	1	2	3	4	5	6	7	8	9	10	11	12	13
18	-	0.00958	0.01959	0.02000	0.02084	0.02084	0.02167	0.02250	0.02334	0.02500	0.02625	0.02750	0.02777
19	-	0.00979	0.02000	0.02084	0.02084	0.02167	0.02250	0.02334	0.02500	0.02625	0.02750	0.02834	0.02981
20	-	0.01000	0.02084	0.02084	0.02167	0.02250	0.02334	0.02500	0.02625	0.02750	0.02834	0.03042	0.03145
21	-	0.01042	0.02084	0.02167	0.02250	0.02334	0.02500	0.02625	0.02750	0.02834	0.03042	0.03209	0.03349
22	-	0.01042	0.02167	0.02250	0.02334	0.02500	0.02625	0.02750	0.02834	0.03042	0.03209	0.03417	0.03594
23	-	0.01083	0.02250	0.02334	0.02500	0.02625	0.02750	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043
24	-	0.01125	0.02334	0.02500	0.02625	0.02750	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293
25	-	0.01167	0.02500	0.02625	0.02750	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626
26	-	0.01250	0.02625	0.02750	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876
27	-	0.01313	0.02750	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126
28	-	0.01375	0.02834	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418
29	-	0.01417	0.03042	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752
30	-	0.01521	0.03209	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169
31	-	0.01604	0.03417	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627
32	-	0.01708	0.03667	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169
33	-	0.01834	0.04043	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795
34	-	0.02021	0.04293	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546
35	-	0.02146	0.04626	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463
36	-	0.02313	0.04876	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423
37	-	0.02438	0.05126	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591
38	-	0.02563	0.05418	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842
39	-	0.02709	0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14504
40	-	0.02875	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.16122
41	-	0.03084	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17868
42	-	0.03313	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19699
43	-	0.03584	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19699	0.21701
44	-	0.03897	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	0.21701	0.23959
45	-	0.04272	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	0.21275	0.23959	0.26346
46	-	0.04730	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	0.21275	0.23489	0.26346	0.28946
47	-	0.05210	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	0.21275	0.23489	0.25828	0.28946	0.31462
48	-	0.05794	0.12842	0.14219	0.15805	0.17517	0.19312	0.21275	0.23489	0.25828	0.28378	0.31462	0.34106
49	-	0.06419	0.14219	0.15805	0.17517	0.19312	0.21275	0.23489	0.25828	0.28378	0.30844	0.34106	0.36965
50	-	0.07107	0.15805	0.17517	0.19312	0.21275	0.23489	0.25828	0.28378	0.30844	0.33436	0.36965	0.39995
51	-	0.07899	0.17517	0.19312	0.21275	0.23489	0.25828	0.28378	0.30844	0.33436	0.36239	0.39995	0.43197
52	-	0.08754	0.19312	0.21275	0.23489	0.25828	0.28378	0.30844	0.33436	0.36239	0.39209	0.43197	0.46700
53	-	0.09651	0.21275	0.23489	0.25828	0.28378	0.30844	0.33436	0.36239	0.39209	0.42348	0.46700	0.50503
54	-	0.10631	0.23489	0.25828	0.28378	0.30844	0.33436	0.36239	0.39209	0.42348	0.45782	0.50503	0.54649
55	-	0.11737	0.25828	0.28378	0.30844	0.33436	0.36239	0.39209	0.42348	0.45782	0.49510	0.54649	0.59225
56	-	0.12905	0.28378	0.30844	0.33436	0.36239	0.39209	0.42348	0.45782	0.49510	0.53574	0.59225	0.64274
57	-	0.14178	0.30844	0.33436	0.36239	0.39209	0.42348	0.45782	0.49510	0.53574	0.58060	0.64274	0.69797
58	-	0.15409	0.33436	0.36239	0.39209	0.42348	0.45782	0.49510	0.53574	0.58060	0.63010	0.69797	0.76009
59	-	0.16703	0.36239	0.39209	0.42348	0.45782	0.49510	0.53574	0.58060	0.63010	0.68424	0.76009	0.83126
60	-	0.18101	0.39209	0.42348	0.45782	0.49510	0.53574	0.58060	0.63010	0.68424	0.74513	0.83126	0.90979

61	-	0.19584	0.42348	0.45782	0.49510	0.53574	0.58060	0.63010	0.68424	0.74513	0.81489	0.90979	0.99568
62	-	0.21150	0.45782	0.49510	0.53574	0.58060	0.63010	0.68424	0.74513	0.81489	0.89186	0.99568	1.09026
63	-	0.22862	0.49510	0.53574	0.58060	0.63010	0.68424	0.74513	0.81489	0.89186	0.97606	1.09026	1.19355
64	-	0.24721	0.53574	0.58060	0.63010	0.68424	0.74513	0.81489	0.89186	0.97606	1.06876	1.19355	1.30688
65	-	0.26748	0.58060	0.63010	0.68424	0.74513	0.81489	0.89186	0.97606	1.06876	1.17000	1.30688	1.43114
66	-	0.28984	0.63010	0.68424	0.74513	0.81489	0.89186	0.97606	1.06876	1.17000	1.28107	1.43114	1.56810
67	-	0.31450	0.68424	0.74513	0.81489	0.89186	0.97606	1.06876	1.17000	1.28107	1.40286	1.56810	1.71827
68	-	0.34147	0.74513	0.81489	0.89186	0.97606	1.06876	1.17000	1.28107	1.40286	1.53709	1.71827	1.88344
69	-	0.37180	0.81489	0.89186	0.97606	1.06876	1.17000	1.28107	1.40286	1.53709	1.68426	1.88344	2.11153
70	-	0.40653	0.89186	0.97606	1.06876	1.17000	1.28107	1.40286	1.53709	1.68426	1.84613	2.11153	2.36592
71	0.08116	0.49836	0.97606	1.06876	1.17000	1.28107	1.40286	1.53709	1.68426	1.84613	2.06965	2.36592	2.62191
72	0.17767	0.58437	1.06876	1.17000	1.28107	1.40286	1.53709	1.68426	1.84613	2.06965	2.31893	2.62191	2.90494
73	0.29172	0.70397	1.17000	1.28107	1.40286	1.53709	1.68426	1.84613	2.06965	2.31893	2.56976	2.90494	3.22056
74	0.42600	0.81741	1.28107	1.40286	1.53709	1.68426	1.84613	2.06965	2.31893	2.56976	2.84708	3.22056	3.50901
75	0.58312	0.97196	1.40286	1.53709	1.68426	1.84613	2.06965	2.31893	2.56976	2.84708	3.15630	3.50901	3.94297
76	0.76647	1.12055	1.53709	1.68426	1.84613	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.94297	4.40043
77	0.97972	1.32033	1.68426	1.84613	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.40043	4.89026
78	1.22759	1.51443	1.84613	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.89026	5.33542
79	1.51443	1.77156	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.33542	5.55791
80	1.84613	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.55791	6.01228
81	2.06965	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.44559	6.01228	6.68510
82	2.31893	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.44559	5.89047	6.68510	7.54340
83	2.56976	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.44559	5.89047	6.54916	7.54340	8.62848
84	2.84708	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.44559	5.89047	6.54916	7.38928	8.62848	9.66291
85	3.15630	3.43889	3.86399	4.31206	4.79179	5.22772	5.44559	5.89047	6.54916	7.38928	8.45113	9.66291	10.74860

14	15	16	17	18	19	20	21	22	23	24	25	26	Att Age
0.02981	0.03145	0.03349	0.03521	0.03881	0.04121	0.04441	0.04584	0.04819	0.05093	0.05407	0.05675	0.06097	43
0.03145	0.03349	0.03594	0.03881	0.04121	0.04441	0.04681	0.04819	0.05093	0.05407	0.05799	0.06097	0.06596	44
0.03349	0.03594	0.03962	0.04121	0.04441	0.04681	0.04921	0.05093	0.05407	0.05799	0.06230	0.06596	0.07171	45
0.03594	0.03962	0.04207	0.04534	0.04779	0.04921	0.05201	0.05522	0.05922	0.06362	0.06739	0.07327	0.08033	46
0.03962	0.04207	0.04534	0.04779	0.05024	0.05201	0.05522	0.05922	0.06362	0.06883	0.07327	0.08033	0.08895	47
0.04293	0.04534	0.04779	0.05024	0.05310	0.05637	0.06045	0.06495	0.07026	0.07483	0.08204	0.09085	0.10006	48
0.04626	0.04779	0.05024	0.05310	0.05637	0.06045	0.06495	0.07026	0.07639	0.08204	0.09085	0.10006	0.11127	49
0.04876	0.05024	0.05310	0.05637	0.06045	0.06495	0.07026	0.07639	0.08375	0.09085	0.10006	0.11127	0.12328	50
0.05126	0.05418	0.05752	0.06169	0.06627	0.07026	0.07639	0.08375	0.09274	0.10214	0.11359	0.12585	0.13935	51
0.05418	0.05752	0.06169	0.06627	0.07169	0.07639	0.08375	0.09274	0.10214	0.11359	0.12585	0.13935	0.15489	52
0.05752	0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	53
0.06169	0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	54
0.06627	0.07169	0.07795	0.08546	0.09463	0.10423	0.11591	0.12842	0.14219	0.15805	0.17517	0.19312	0.21275	55
0.07169	0.07795	0.08546	0.09463	0.10631	0.11823	0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	56
0.07795	0.08546	0.09463	0.10423	0.11823	0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	0.26346	57
0.08546	0.09463	0.10423	0.11591	0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	0.26346	0.28946	58
0.09653	0.10631	0.11823	0.13099	0.14504	0.16122	0.17868	0.19699	0.22127	0.24429	0.26863	0.29515	0.32080	59
0.10631	0.11823	0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.24429	0.26863	0.29515	0.32080	0.34776	60
0.11823	0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	0.26863	0.29515	0.32080	0.34776	0.37691	61
0.13099	0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	0.26346	0.29515	0.32080	0.34776	0.37691	0.40781	62
0.14504	0.16122	0.17868	0.19699	0.21701	0.23959	0.26346	0.28946	0.32080	0.34776	0.37691	0.40781	0.44047	63
0.16122	0.17868	0.19699	0.21701	0.24429	0.26863	0.29515	0.32080	0.34776	0.37691	0.41567	0.44896	0.48536	64
0.17868	0.19699	0.21701	0.23959	0.26863	0.29515	0.32080	0.34776	0.37691	0.40781	0.44896	0.48536	0.52489	65
0.19699	0.21701	0.23959	0.26346	0.29515	0.32080	0.34776	0.37691	0.40781	0.44047	0.48536	0.52489	0.56799	66
0.21701	0.23959	0.26346	0.28946	0.32080	0.34776	0.37691	0.40781	0.44047	0.47618	0.52489	0.56799	0.61555	67
0.23959	0.26346	0.29515	0.32080	0.34776	0.37691	0.41567	0.44896	0.48536	0.52489	0.57874	0.62721	0.68069	68
0.26346	0.28946	0.32080	0.34776	0.37691	0.40781	0.44896	0.48536	0.52489	0.56799	0.62721	0.68069	0.73920	69
0.28946	0.31462	0.34776	0.37691	0.40781	0.44047	0.48536	0.52489	0.56799	0.61555	0.68069	0.73920	0.80500	70
0.31462	0.34106	0.37691	0.40781	0.44047	0.47618	0.52489	0.56799	0.61555	0.66804	0.73920	0.80500	0.88040	71
0.34106	0.36965	0.40781	0.44047	0.47618	0.51496	0.56799	0.61555	0.66804	0.72545	0.80500	0.88040	0.96359	72
0.36965	0.40781	0.44047	0.47618	0.52489	0.56799	0.61555	0.66804	0.73920	0.80500	0.88040	0.98153	1.07424	73
0.39995	0.44047	0.47618	0.51496	0.56799	0.61555	0.66804	0.72545	0.80500	0.88040	0.96359	1.07424	1.17633	74
0.43197	0.47618	0.51496	0.55724	0.61555	0.66804	0.72545	0.79003	0.88040	0.96359	1.05460	1.17633	1.28783	75
0.46700	0.51496	0.55724	0.60390	0.66804	0.72545	0.79003	0.86402	0.96359	1.05460	1.15481	1.28783	1.41018	76
0.50503	0.55724	0.60390	0.65539	0.72545	0.79003	0.86402	0.94565	1.05460	1.15481	1.26425	1.41018	1.54434	77
0.55724	0.60390	0.65539	0.72545	0.79003	0.86402	0.96359	1.05460	1.17633	1.28783	1.41018	1.57267	1.72331	78
0.60390	0.65539	0.71171	0.79003	0.86402	0.94565	1.05460	1.15481	1.28783	1.41018	1.54434	1.72331	1.88849	79
0.65539	0.71171	0.77506	0.86402	0.94565	1.03495	1.15481	1.26425	1.41018	1.54434	1.69225	1.88849	2.07021	80
0.71171	0.77506	0.84764	0.94565	1.03495	1.13329	1.26425	1.38434	1.54434	1.69225	1.85442	2.07021	2.32121	81
0.77506	0.84764	0.92772	1.03495	1.13329	1.24068	1.38434	1.51603	1.69225	1.85442	2.03282	2.32121	2.60123	82
0.84764	0.92772	1.01532	1.13329	1.24068	1.35851	1.51603	1.66119	1.85442	2.03282	2.27923	2.60123	2.88308	83
0.92772	1.01532	1.11177	1.24068	1.35851	1.48772	1.66119	1.82037	2.03282	2.27923	2.55412	2.88308	3.19481	84
1.01532	1.11177	1.24068	1.35851	1.51603	1.66119	1.82037	2.03282	2.27923	2.60123	2.88308	3.25290	3.60708	85

1.11177	1.21711	1.35851	1.48772	1.66119	1.82037	1.99546	2.27923	2.55412	2.88308	3.19481	3.60708	3.93091	86
1.21711	1.33269	1.48772	1.63015	1.82037	1.99546	2.23728	2.55412	2.83079	3.19481	3.54255	3.93091	4.41833	87
1.33269	1.45942	1.63015	1.78632	1.99546	2.23728	2.50703	2.83079	3.13676	3.54255	3.86045	4.41833	4.93246	88
1.45942	1.59912	1.78632	1.95810	2.23728	2.50703	2.77852	3.13676	3.47806	3.86045	4.33893	4.93246	5.48333	89
1.59912	1.75229	1.95810	2.19534	2.50703	2.77852	3.07875	3.47806	3.79006	4.33893	4.84357	5.48333	5.98429	90
1.75229	1.92076	2.15342	2.45997	2.72629	3.02078	3.41362	3.71971	4.25960	4.75477	5.28521	5.87582	6.12163	91
1.92076	2.15342	2.41293	2.72629	3.02078	3.34922	3.71971	4.18034	4.75477	5.28521	5.76748	6.12163	6.62379	92
2.15342	2.41293	2.67408	3.02078	3.34922	3.64943	4.18034	4.66605	5.28521	5.76748	6.00860	6.62379	7.36789	93
2.41293	2.67408	2.96284	3.34922	3.64943	4.10115	4.66605	5.18631	5.76748	6.00860	6.50116	7.36789	8.31798	94
2.67408	2.96284	3.28487	3.64943	4.10115	4.57743	5.18631	5.65927	6.00860	6.50116	7.23092	8.31798	9.52050	95
2.90494	3.28487	3.57919	4.02202	4.57743	5.08752	5.55119	5.78298	6.37869	7.09416	8.00735	9.34139	10.46638	96
3.22056	3.57919	4.02202	4.48888	5.08752	5.55119	5.78298	6.25639	7.09416	8.00735	9.16263	10.46638	11.64837	97
3.50901	4.02202	4.48888	4.98884	5.55119	5.78298	6.25639	6.95760	8.00735	9.16263	10.26484	11.64837	11.84044	98
3.94297	4.40043	4.98884	5.44324	5.67038	6.13425	6.95760	7.85244	8.98423	10.06375	11.42258	11.61068	12.28196	99
4.40043	4.89026	5.44324	5.67038	6.13425	6.82125	7.85244	8.98423	10.06375	11.19736	11.61068	12.28196	13.34506	100
4.89026	5.33542	5.67038	6.13425	6.82125	7.69779	8.98423	10.06375	11.19736	11.38151	12.28196	13.34506	14.50595	101
5.33542	5.67038	6.13425	6.82125	7.85244	8.98423	10.06375	11.19736	11.61068	12.28196	13.34506	14.79790	16.12368	102
5.55791	6.13425	6.82125	7.69779	8.98423	10.06375	11.19736	11.38151	12.28196	13.34506	14.50595	16.12368	17.60749	103
6.01228	6.82125	7.69779	8.80618	10.06375	11.19736	11.38151	12.03863	13.34506	14.50595	15.80317	17.60749	19.26953	104
6.68510	7.69779	8.80618	9.86310	11.19736	11.38151	12.03863	13.07908	14.50595	15.80317	17.25453	19.26953	21.10270	105
7.54340	8.80618	9.86310	10.97270	11.38151	12.03863	13.07908	14.21494	15.80317	17.25453	18.87957	21.10270	23.02178	106
8.62848	9.86310	10.97270	11.15293	12.03863	13.07908	14.21494	15.48381	17.25453	18.87957	20.67113	23.02178	25.03170	107
9.66291	10.74860	11.15293	11.79595	12.81389	13.92488	15.48381	16.90296	18.49132	20.24165	22.54574	24.50803	26.52682	108
10.74860	10.92492	11.79595	12.81389	13.92488	15.16559	16.90296	18.49132	20.24165	22.07223	24.50803	26.52682	28.67946	109
10.92492	11.55393	12.81389	13.92488	15.16559	16.55277	18.49132	20.24165	22.07223	23.98743	26.52682	28.67946	30.93675	110
												32.42091	111
												34.57447	112
												36.58233	113
												38.55907	114
												41.27353	115
												43.08630	116
												46.28418	117
												48.05592	118
												51.16748	119
												54.56680	120

Female Standard

Monthly Non-guaranteed COI Rates per \$1000

Pol Year													
Iss Age	1	2	3	4	5	6	7	8	9	10	11	12	13
18	-	0.01917	0.03918	0.04001	0.04168	0.04168	0.04334	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668
19	-	0.01959	0.04001	0.04168	0.04168	0.04334	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085
20	-	0.02000	0.04168	0.04168	0.04334	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419
21	-	0.02084	0.04168	0.04334	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836
22	-	0.02084	0.04334	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336
23	-	0.02167	0.04501	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087
24	-	0.02250	0.04668	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587
25	-	0.02334	0.05001	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255
26	-	0.02500	0.05252	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755
27	-	0.02625	0.05502	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256
28	-	0.02750	0.05668	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840
29	-	0.02834	0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507
30	-	0.03042	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342
31	-	0.03209	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260
32	-	0.03417	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345
33	-	0.03667	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597
34	-	0.04043	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099
35	-	0.04293	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936
36	-	0.04626	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857
37	-	0.04876	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196
38	-	0.05126	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703
39	-	0.05418	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461
40	-	0.05752	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638
41	-	0.06169	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068
42	-	0.06627	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665
43	-	0.07169	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600
44	-	0.07795	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038
45	-	0.08546	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730
46	-	0.09463	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844
47	-	0.10423	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793
48	-	0.11591	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996
49	-	0.12842	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623
50	-	0.14219	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589
51	-	0.15805	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895
52	-	0.17517	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795
53	-	0.19312	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290
54	-	0.21275	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466
55	-	0.23489	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493
56	-	0.25828	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459
57	-	0.28378	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366
58	-	0.30844	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642
59	-	0.33436	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.62064
60	-	0.36239	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.62064	1.77447

61	-	0.39209	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.77447	1.94288
62	-	0.42348	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.77447	1.94288	2.10674
63	-	0.45782	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.94288	2.12849	2.30756
64	-	0.49510	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.12849	2.30756	2.50199
65	-	0.53574	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.33141	2.52814	2.74161
66	-	0.58060	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.55431	2.77031	2.97459
67	-	0.63010	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.79902	3.00609	3.26189
68	-	0.68424	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.03761	3.29649	3.54038
69	-	0.74513	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.33111	3.61642	3.97358
70	-	0.81489	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.65447	4.01634	4.45790
71	0.16239	0.98153	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	4.10194	4.50601	4.89300
72	0.35570	1.17253	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	4.18761	4.60231	5.00004	5.42867
73	0.58437	1.39186	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	4.18761	4.69871	5.10719	5.54779	6.02779
74	0.85400	1.64225	2.58048	2.82773	3.10067	3.40038	3.73060	4.18761	4.69871	5.21448	5.66706	6.16051	6.57699
75	1.17000	1.92845	2.82773	3.10067	3.40038	3.73060	4.18761	4.69871	5.21448	5.78649	6.29342	6.72225	7.32418
76	1.53947	2.25509	3.10067	3.40038	3.73060	4.18761	4.69871	5.21448	5.78649	6.42652	6.86775	7.57061	8.19214
77	1.97012	2.62876	3.40038	3.73060	4.18761	4.69871	5.21448	5.78649	6.42652	7.01348	7.73527	8.46917	9.12595
78	2.47200	3.05455	3.73060	4.18761	4.69871	5.21448	5.78649	6.42652	7.01348	7.90023	8.65433	9.33270	9.97864
79	3.05455	3.54038	4.18761	4.69871	5.21448	5.78649	6.42652	7.01348	7.90023	8.83987	9.64372	10.20583	10.40629
80	3.73060	4.18761	4.69871	5.21448	5.78649	6.42652	7.01348	7.90023	8.83987	9.85166	10.54768	10.64380	11.28267
81	4.18761	4.69871	5.21448	5.78649	6.42652	7.01348	7.90023	8.83987	9.85166	10.77631	11.00125	11.54150	12.58807
82	4.69871	5.21448	5.78649	6.42652	7.01348	7.90023	8.83987	9.85166	10.77631	11.24034	11.93115	12.87907	14.26696
83	5.21448	5.78649	6.42652	7.01348	7.90023	8.83987	9.85166	10.77631	11.24034	12.19187	13.31734	14.60004	16.41196
84	5.78649	6.42652	7.01348	7.90023	8.83987	9.85166	10.77631	11.24034	12.19187	13.61071	15.10198	16.80001	18.48114
85	6.42652	7.01348	7.90023	8.83987	9.85166	10.77631	11.24034	12.19187	13.61071	15.43819	17.38526	18.92353	20.67937

14	15	16	17	18	19	20	21	22	23	24	25	26	Att Age
0.06085	0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	43
0.06419	0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	44
0.06836	0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	45
0.07336	0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	46
0.08087	0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	47
0.08587	0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	48
0.09255	0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	49
0.09755	0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	50
0.10256	0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	51
0.10840	0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	52
0.11507	0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	53
0.12342	0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	54
0.13260	0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	55
0.14345	0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	56
0.15597	0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	57
0.17099	0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	58
0.18936	0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	59
0.20857	0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	60
0.23196	0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	61
0.25703	0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	62
0.28461	0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	63
0.31638	0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	64
0.35068	0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	65
0.38665	0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	66
0.42600	0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	67
0.47038	0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	68
0.51730	0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	69
0.56844	0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	70
0.61793	0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	71
0.66996	0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	72
0.72623	0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	73
0.78589	0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	74
0.84895	0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	75
0.91795	0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	76
0.99290	1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	77
1.07466	1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	78
1.16493	1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	79
1.26459	1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	80
1.37366	1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	4.18761	81
1.49642	1.63716	1.79257	1.96272	2.15025	2.35527	2.58048	2.82773	3.10067	3.40038	3.73060	4.18761	4.69871	82
1.63716	1.79257	1.96272	2.15025	2.35527	2.55431	2.79902	3.06913	3.36574	3.69253	4.14477	4.65050	5.16082	83
1.77447	1.94288	2.12849	2.33141	2.55431	2.77031	3.03761	3.33111	3.65447	4.10194	4.55415	5.05360	5.60740	84
1.94288	2.10674	2.30756	2.52814	2.77031	3.00609	3.29649	3.61642	4.01634	4.50601	5.00004	5.48821	6.09413	85

2.10674	2.30756	2.50199	2.74161	2.97459	3.26189	3.54038	3.97358	4.40982	4.89300	5.36918	5.96151	6.43196	86
2.30756	2.50199	2.71292	2.97459	3.22730	3.50239	3.93083	4.36176	4.83954	5.30972	5.82909	6.35953	7.07842	87
2.50199	2.71292	2.97459	3.22730	3.50239	3.88810	4.36176	4.78610	5.25030	5.76295	6.28716	6.99665	7.73231	88
2.71292	2.94309	3.19272	3.46441	3.88810	4.31372	4.73269	5.19092	5.69686	6.14260	6.83333	7.54903	8.30368	89
2.97459	3.22730	3.50239	3.88810	4.31372	4.67932	5.13157	5.63082	6.07040	6.75178	7.45753	8.20142	8.85123	90
3.22730	3.50239	3.88810	4.26571	4.67932	5.13157	5.63082	5.99827	6.67031	7.36612	8.09928	8.62743	8.87755	91
3.50239	3.88810	4.26571	4.67932	5.13157	5.56482	5.99827	6.58891	7.27481	7.89533	8.51574	8.64465	9.23839	92
3.93083	4.31372	4.73269	5.13157	5.63082	5.99827	6.58891	7.27481	7.89533	8.51574	8.64465	9.23839	10.01069	93
4.36176	4.73269	5.19092	5.63082	5.99827	6.58891	7.27481	7.89533	8.40419	8.52842	9.11215	9.86965	10.84235	94
4.83954	5.25030	5.69686	6.07040	6.75178	7.36612	7.99725	8.51574	8.64465	9.11215	10.01069	11.00250	12.25088	95
5.36918	5.82909	6.21485	6.83333	7.45753	8.09928	8.62743	8.76103	9.36480	10.15196	11.16294	12.43589	13.54504	96
5.89527	6.28716	6.91496	7.54903	8.20142	8.73926	8.87755	9.36480	10.15196	11.16294	12.43589	13.54504	14.63648	97
6.43196	7.07842	7.73231	8.40605	8.96334	8.99423	9.49140	10.29345	11.32366	12.62128	13.75409	14.87051	14.64440	98
7.24219	7.82409	8.50854	9.07559	9.22804	9.74512	10.57709	11.64597	12.99322	13.96362	15.10516	14.88207	15.25462	99
8.00793	8.71388	9.30050	9.34518	9.87225	10.71925	11.80756	12.99322	14.17365	15.34042	15.12037	15.25462	16.04914	100
8.91968	9.52598	9.69749	10.12705	11.00424	12.13161	13.55403	14.59519	15.81281	15.59889	16.01346	16.59990	17.46926	101
9.75203	9.93314	10.51061	11.29014	12.45684	13.92986	15.23123	16.28770	16.07997	16.52295	17.43246	18.07390	19.06115	102
10.16940	10.63883	11.57696	12.78324	14.30727	15.44426	16.76513	16.56366	16.77878	17.71171	18.68266	19.39359	20.48259	103
11.02458	11.86469	13.11084	14.49657	15.87183	17.24513	16.80649	17.29267	18.27284	18.98860	20.06220	20.84858	22.04808	104
12.29802	13.43965	15.06690	16.30146	17.72772	17.53897	17.80952	18.83753	19.91278	20.73586	21.95569	22.85816	24.18375	105
13.93512	15.44914	16.94980	18.21293	18.03064	18.59046	19.40581	20.53427	21.75602	22.70150	24.08730	25.08406	26.42759	106
16.02559	17.38465	18.94572	18.52504	19.11491	20.26509	21.16013	22.44269	23.83208	24.91628	26.45190	27.42522	28.78677	107
17.82163	19.43762	19.02219	19.64246	20.84258	21.79042	23.13470	24.21216	25.75310	26.91259	28.43424	29.33647	30.62419	108
19.93225	19.77316	20.17316	21.42385	22.74431	23.83215	25.36229	26.59789	28.30922	29.45492	31.00644	31.83069	33.17727	109
20.27734	20.97517	22.00893	23.38598	24.53512	26.13741	27.45083	29.25273	30.48755	32.13760	33.05396	34.50575	35.14592	110
												37.74543	111
												39.49503	112
												41.86445	113
												44.31950	114
												47.56422	115
												49.87851	116
												52.46793	117
												56.08895	118
												58.40699	119
												62.66143	120

Male Preferred

Monthly Non-guaranteed COI Rates per \$1000

Iss Age	Pol Year	1	2	3	4	5	6	7	8	9	10	11	12	13
18	-		0.01879	0.03751	0.03751	0.03826	0.03863	0.03938	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276
19	-		0.01917	0.03751	0.03826	0.03863	0.03938	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238
20	-		0.01917	0.03826	0.03863	0.03938	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238
21	-		0.01955	0.03863	0.03938	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314
22	-		0.01974	0.03938	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426
23	-		0.02013	0.04013	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539
24	-		0.02051	0.04201	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801
25	-		0.02147	0.04389	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026
26	-		0.02243	0.04389	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402
27	-		0.02243	0.04314	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777
28	-		0.02204	0.04276	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190
29	-		0.02185	0.04238	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715
30	-		0.02166	0.04238	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353
31	-		0.02166	0.04314	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066
32	-		0.02204	0.04426	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967
33	-		0.02262	0.04539	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943
34	-		0.02319	0.04801	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882
35	-		0.02454	0.05026	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895
36	-		0.02569	0.05402	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496
37	-		0.02760	0.05777	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13503
38	-		0.02952	0.06190	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14425
39	-		0.03163	0.06715	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14425	0.15577
40	-		0.03431	0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15577	0.17151
41	-		0.03757	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.17151	0.18918
42	-		0.04122	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18918	0.21108
43	-		0.04582	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.21108	0.23682
44	-		0.05081	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	0.23682	0.26412
45	-		0.05560	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	0.23167	0.26412	0.29334
46	-		0.06078	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	0.23167	0.25837	0.29334	0.31757
47	-		0.06385	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	0.23167	0.25837	0.28695	0.31757	0.34527
48	-		0.06749	0.14111	0.15238	0.16778	0.18506	0.20648	0.23167	0.25837	0.28695	0.31066	0.34527	0.37875
49	-		0.07210	0.15238	0.16778	0.18506	0.20648	0.23167	0.25837	0.28695	0.31066	0.33775	0.37875	0.42034
50	-		0.07785	0.16778	0.18506	0.20648	0.23167	0.25837	0.28695	0.31066	0.33775	0.37050	0.42034	0.47080
51	-		0.08572	0.18506	0.20648	0.23167	0.25837	0.28695	0.31066	0.33775	0.37050	0.41118	0.47080	0.52708
52	-		0.09454	0.20648	0.23167	0.25837	0.28695	0.31066	0.33775	0.37050	0.41118	0.46054	0.52708	0.58609
53	-		0.10548	0.23167	0.25837	0.28695	0.31066	0.33775	0.37050	0.41118	0.46054	0.51558	0.58609	0.64822
54	-		0.11834	0.25837	0.28695	0.31066	0.33775	0.37050	0.41118	0.46054	0.51558	0.57330	0.64822	0.71079
55	-		0.13196	0.28695	0.31066	0.33775	0.37050	0.41118	0.46054	0.51558	0.57330	0.63408	0.71079	0.77340
56	-		0.14655	0.31066	0.33775	0.37050	0.41118	0.46054	0.51558	0.57330	0.63408	0.69528	0.77340	0.84147
57	-		0.15865	0.33775	0.37050	0.41118	0.46054	0.51558	0.57330	0.63408	0.69528	0.75651	0.84147	0.91075
58	-		0.17247	0.37050	0.41118	0.46054	0.51558	0.57330	0.63408	0.69528	0.75651	0.82309	0.91075	0.99326
59	-		0.18918	0.41118	0.46054	0.51558	0.57330	0.63408	0.69528	0.75651	0.82309	0.89085	0.99326	1.08554
60	-		0.20993	0.46054	0.51558	0.57330	0.63408	0.69528	0.75651	0.82309	0.89085	0.97155	1.08554	1.20860

61	-	0.23510	0.51558	0.57330	0.63408	0.69528	0.75651	0.82309	0.89085	0.97155	1.06180	1.20860	1.33689
62	-	0.26316	0.57330	0.63408	0.69528	0.75651	0.82309	0.89085	0.97155	1.06180	1.18216	1.33689	1.47159
63	-	0.29257	0.63408	0.69528	0.75651	0.82309	0.89085	0.97155	1.06180	1.18216	1.30761	1.47159	1.62092
64	-	0.32353	0.69528	0.75651	0.82309	0.89085	0.97155	1.06180	1.18216	1.30761	1.43934	1.62092	1.78380
65	-	0.35470	0.75651	0.82309	0.89085	0.97155	1.06180	1.18216	1.30761	1.43934	1.58538	1.78380	1.97321
66	-	0.38588	0.82309	0.89085	0.97155	1.06180	1.18216	1.30761	1.43934	1.58538	1.74464	1.97321	2.19443
67	-	0.41976	0.89085	0.97155	1.06180	1.18216	1.30761	1.43934	1.58538	1.74464	1.92985	2.19443	2.45005
68	-	0.45423	0.97155	1.06180	1.18216	1.30761	1.43934	1.58538	1.74464	1.92985	2.14615	2.45005	2.72930
69	-	0.49527	1.06180	1.18216	1.30761	1.43934	1.58538	1.74464	1.92985	2.14615	2.39608	2.72930	3.04786
70	-	0.54115	1.18216	1.30761	1.43934	1.58538	1.74464	1.92985	2.14615	2.39608	2.66909	3.04786	3.37948
71	0.11737	0.65485	1.30761	1.43934	1.58538	1.74464	1.92985	2.14615	2.39608	2.66909	2.98050	3.37948	3.73708
72	0.26138	0.81141	1.43934	1.58538	1.74464	1.92985	2.14615	2.39608	2.66909	2.98050	3.30466	3.73708	4.13420
73	0.43378	0.95702	1.58538	1.74464	1.92985	2.14615	2.39608	2.66909	2.98050	3.30466	3.65418	4.13420	4.58225
74	0.63689	1.15990	1.74464	1.92985	2.14615	2.39608	2.66909	2.98050	3.30466	3.65418	4.04230	4.58225	5.08117
75	0.87735	1.35404	1.92985	2.14615	2.39608	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	5.08117	5.62771
76	1.15936	1.62695	2.14615	2.39608	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.62771	6.21616
77	1.49744	1.90517	2.39608	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.21616	6.84030
78	1.90517	2.28823	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.84030	7.49501
79	2.39608	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.49501	8.11256
80	2.66909	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	8.11256	8.76013
81	2.98050	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	7.92824	8.76013	9.44728
82	3.30466	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	7.92824	8.56038	9.44728	10.17788
83	3.65418	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	7.92824	8.56038	9.23104	10.17788	10.95470
84	4.04230	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	7.92824	8.56038	9.23104	9.94397	10.95470	11.67021
85	4.48014	4.96763	5.50158	6.07639	6.68596	7.32529	7.92824	8.56038	9.23104	9.94397	10.70185	11.67021	12.43853

14	15	16	17	18	19	20	21	22	23	24	25	26	Att Age
0.04238	0.04144	0.04218	0.04328	0.04438	0.04695	0.04915	0.05282	0.05648	0.05914	0.06416	0.07026	0.07707	43
0.04238	0.04218	0.04328	0.04438	0.04695	0.04915	0.05282	0.05648	0.06052	0.06416	0.07026	0.07707	0.08568	44
0.04314	0.04328	0.04438	0.04695	0.04915	0.05282	0.05648	0.06052	0.06566	0.07026	0.07707	0.08568	0.09501	45
0.04426	0.04438	0.04695	0.04915	0.05282	0.05648	0.06052	0.06566	0.07190	0.07707	0.08568	0.09501	0.10398	46
0.04539	0.04801	0.05026	0.05402	0.05777	0.06052	0.06566	0.07190	0.07887	0.08768	0.09722	0.10640	0.11631	47
0.04801	0.05026	0.05402	0.05777	0.06190	0.06566	0.07190	0.07887	0.08768	0.09722	0.10640	0.11631	0.12218	48
0.05026	0.05282	0.05648	0.06052	0.06566	0.07190	0.07887	0.08768	0.09722	0.10398	0.11366	0.11940	0.12622	49
0.05402	0.05777	0.06190	0.06715	0.07353	0.07887	0.08768	0.09722	0.10640	0.11631	0.12218	0.12916	0.13797	50
0.05777	0.06190	0.06715	0.07353	0.08066	0.08768	0.09722	0.10640	0.11631	0.12218	0.12916	0.13797	0.14899	51
0.06190	0.06715	0.07353	0.08066	0.08967	0.09722	0.10640	0.11631	0.12218	0.12916	0.13797	0.14899	0.16405	52
0.06715	0.07353	0.08066	0.08967	0.09943	0.10640	0.11631	0.12218	0.12916	0.13797	0.14899	0.16405	0.18095	53
0.07353	0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	54
0.08066	0.08967	0.09943	0.10882	0.11895	0.12496	0.13210	0.14111	0.15238	0.16778	0.18506	0.20648	0.23167	55
0.08967	0.09943	0.10882	0.11895	0.12774	0.13503	0.14425	0.15577	0.17151	0.18918	0.21108	0.23682	0.26412	56
0.09943	0.10882	0.11895	0.12496	0.13503	0.14425	0.15577	0.17151	0.18918	0.21108	0.23682	0.26412	0.29334	57
0.10882	0.11895	0.12496	0.13210	0.14425	0.15577	0.17151	0.18918	0.21108	0.23682	0.26412	0.29334	0.31757	58
0.12160	0.12774	0.13503	0.14425	0.15577	0.17151	0.18918	0.21108	0.24198	0.26987	0.29973	0.32449	0.35279	59
0.12774	0.13503	0.14425	0.15577	0.17151	0.18918	0.21108	0.23682	0.26987	0.29973	0.32449	0.35279	0.38701	60
0.13503	0.14425	0.15577	0.17151	0.18918	0.21108	0.23682	0.26412	0.29973	0.32449	0.35279	0.38701	0.42950	61
0.14425	0.15577	0.17151	0.18918	0.21567	0.24198	0.26987	0.29973	0.32449	0.35279	0.39526	0.43866	0.49133	62
0.15577	0.17151	0.18918	0.21108	0.24198	0.26987	0.29973	0.32449	0.35279	0.38701	0.43866	0.49133	0.55006	63
0.17151	0.18918	0.21567	0.24198	0.26987	0.29973	0.33140	0.36031	0.39526	0.43866	0.50159	0.56156	0.62444	64
0.18918	0.21108	0.24198	0.26987	0.29973	0.32449	0.36031	0.39526	0.43866	0.49133	0.56156	0.62444	0.69066	65
0.21108	0.23682	0.26987	0.29973	0.32449	0.35279	0.39526	0.43866	0.49133	0.55006	0.62444	0.69066	0.75734	66
0.23682	0.26412	0.29973	0.32449	0.35279	0.38701	0.43866	0.49133	0.55006	0.61165	0.69066	0.75734	0.82407	67
0.26412	0.29973	0.32449	0.35279	0.39526	0.43866	0.49133	0.55006	0.62444	0.69066	0.75734	0.84096	0.91501	68
0.29334	0.32449	0.35279	0.38701	0.43866	0.49133	0.55006	0.61165	0.69066	0.75734	0.82407	0.91501	0.99038	69
0.31757	0.35279	0.38701	0.42950	0.49133	0.55006	0.61165	0.67651	0.75734	0.82407	0.89662	0.99038	1.08014	70
0.34527	0.38701	0.42950	0.48106	0.55006	0.61165	0.67651	0.74182	0.82407	0.89662	0.97046	1.08014	1.18055	71
0.38701	0.42950	0.48106	0.55006	0.61165	0.67651	0.75734	0.82407	0.91501	0.99038	1.08014	1.20432	1.34095	72
0.42950	0.48106	0.53857	0.61165	0.67651	0.74182	0.82407	0.89662	0.99038	1.08014	1.18055	1.34095	1.48339	73
0.48106	0.53857	0.59887	0.67651	0.74182	0.80717	0.89662	0.97046	1.08014	1.18055	1.31446	1.48339	1.63299	74
0.53857	0.59887	0.66237	0.74182	0.80717	0.87823	0.97046	1.05841	1.18055	1.31446	1.45407	1.63299	1.79887	75
0.59887	0.66237	0.74182	0.80717	0.89662	0.97046	1.05841	1.18055	1.31446	1.48339	1.63299	1.83450	2.01907	76
0.66237	0.72630	0.80717	0.87823	0.97046	1.05841	1.15679	1.31446	1.45407	1.63299	1.79887	2.01907	2.23377	77
0.72630	0.79028	0.87823	0.95055	1.05841	1.15679	1.28798	1.45407	1.60068	1.79887	1.97982	2.23377	2.48461	78
0.79028	0.85985	0.95055	1.03669	1.15679	1.28798	1.42476	1.60068	1.76325	1.97982	2.19029	2.48461	2.77455	79
0.85985	0.93065	1.03669	1.13303	1.28798	1.42476	1.56839	1.76325	1.94058	2.19029	2.43618	2.77455	3.09143	80
0.93065	1.01497	1.13303	1.26152	1.42476	1.56839	1.72765	1.94058	2.14684	2.43618	2.72039	3.09143	3.45306	81
1.01497	1.10928	1.26152	1.39546	1.56839	1.72765	1.90136	2.14684	2.38778	2.72039	3.03097	3.45306	3.82971	82
1.10928	1.23506	1.39546	1.53611	1.72765	1.90136	2.10340	2.38778	2.66625	3.03097	3.38540	3.82971	4.23608	83
1.23506	1.36617	1.53611	1.69206	1.90136	2.10340	2.33940	2.66625	2.97056	3.38540	3.75452	4.23608	4.68762	84
1.36617	1.50384	1.69206	1.86215	2.10340	2.33940	2.61215	2.97056	3.31779	3.75452	4.15272	4.68762	5.19739	85

1.50384	1.65648	1.86215	2.05998	2.33940	2.61215	2.91018	3.31779	3.67939	4.15272	4.59515	5.19739	5.76545	86
1.65648	1.82297	2.05998	2.29105	2.61215	2.91018	3.25024	3.67939	4.06944	4.59515	5.09458	5.76545	6.38824	87
1.82297	2.01658	2.29105	2.55809	2.91018	3.25024	3.60432	4.06944	4.50277	5.09458	5.65105	6.38824	7.05938	88
2.01658	2.24272	2.55809	2.84985	3.25024	3.60432	3.98624	4.50277	4.99188	5.65105	6.26104	7.05938	7.77189	89
2.24272	2.50405	2.84985	3.18273	3.60432	3.98624	4.41049	4.99188	5.53678	6.26104	6.91829	7.77189	8.52006	90
2.50405	2.78955	3.18273	3.52931	3.98624	4.41049	4.88930	5.53678	6.13402	6.91829	7.61595	8.52006	9.22650	91
2.78955	3.11527	3.45436	3.90311	4.31830	4.78684	5.42267	6.00718	6.77743	7.46029	8.17708	9.03989	9.76559	92
3.11527	3.45436	3.82006	4.31830	4.78684	5.30869	6.00718	6.63679	7.46029	8.17708	8.85366	9.76559	10.53633	93
3.45436	3.82006	4.22621	4.78684	5.30869	5.88051	6.63679	7.30489	8.17708	8.85366	9.56360	10.53633	11.35662	94
3.82006	4.22621	4.68449	5.30869	5.88051	6.49636	7.30489	8.00608	8.85366	9.56360	10.31747	11.35662	12.22971	95
4.13420	4.68449	5.19486	5.75403	6.49636	7.14976	7.83540	8.48235	9.36206	10.09913	10.88327	11.97325	12.76017	96
4.58225	5.19486	5.75403	6.35615	7.14976	7.83540	8.48235	9.16097	10.09913	10.88327	11.71753	12.76017	13.60586	97
5.08117	5.75403	6.35615	6.99490	7.83540	8.48235	9.16097	9.88132	10.88327	11.71753	12.48644	13.60586	14.51636	98
5.62771	6.21616	6.99490	7.66504	8.29727	8.96033	9.88132	10.64752	11.46253	12.21354	13.31260	14.20187	15.16138	99
6.21616	6.84030	7.66504	8.29727	8.96033	9.66404	10.64752	11.46253	12.21354	13.02030	14.20187	15.16138	16.19821	100
6.84030	7.49501	8.29727	8.96033	9.66404	10.41240	11.46253	12.21354	13.02030	13.88848	15.16138	16.19821	17.02743	101
7.49501	8.29727	8.96033	9.66404	10.64752	11.46253	12.21354	13.02030	14.20187	15.16138	16.19821	17.41085	18.32435	102
8.11256	8.96033	9.66404	10.41240	11.46253	12.21354	13.02030	13.88848	15.16138	16.19821	17.02743	18.32435	19.30716	103
8.76013	9.66404	10.41240	11.20825	12.21354	13.02030	13.88848	14.82501	16.19821	17.02743	17.91871	19.30716	20.36465	104
9.44728	10.41240	11.20825	11.94146	13.02030	13.88848	14.82501	15.83672	17.02743	17.91871	18.87737	20.36465	21.50310	105
10.17788	11.20825	11.94146	12.72894	13.88848	14.82501	15.83672	16.64566	17.91871	18.87737	19.90858	21.50310	22.72925	106
10.95470	11.94146	12.72894	13.57618	14.82501	15.83672	16.64566	17.51492	18.87737	19.90858	21.01838	22.72925	24.05203	107
11.67021	12.72894	13.57618	14.48989	15.83672	16.64566	17.51492	18.44965	19.90858	21.01838	22.21326	24.05203	25.47948	108
12.43853	13.57618	14.48989	15.47669	16.64566	17.51492	18.44965	19.45483	21.01838	22.21326	23.50183	25.47948	27.02149	109
13.26497	14.48989	15.47669	16.26550	17.51492	18.44965	19.45483	20.53628	22.21326	23.50183	24.89178	27.02149	28.68894	110
												30.49504	111
												31.67288	112
												33.73907	113
												35.98570	114
												37.45808	115
												40.04735	116
												42.88083	117
												44.74201	118
												46.69452	119
												50.05277	120

Male Standard

Monthly Non-guaranteed COI Rates per \$1000

Iss Age	Pol Year	1	2	3	4	5	6	7	8	9	10	11	12	13
18	-		0.04084	0.08337	0.08337	0.08504	0.08587	0.08754	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505
19	-		0.04168	0.08337	0.08504	0.08587	0.08754	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422
20	-		0.04168	0.08504	0.08587	0.08754	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422
21	-		0.04251	0.08587	0.08754	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588
22	-		0.04293	0.08754	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839
23	-		0.04376	0.08921	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089
24	-		0.04459	0.09338	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673
25	-		0.04668	0.09755	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174
26	-		0.04876	0.09755	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008
27	-		0.04876	0.09588	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842
28	-		0.04793	0.09505	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760
29	-		0.04751	0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929
30	-		0.04710	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348
31	-		0.04710	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934
32	-		0.04793	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939
33	-		0.04918	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110
34	-		0.05043	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199
35	-		0.05335	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455
36	-		0.05585	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792
37	-		0.06002	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381
38	-		0.06419	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387
39	-		0.06878	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896
40	-		0.07461	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327
41	-		0.08170	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176
42	-		0.08963	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949
43	-		0.09964	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51046
44	-		0.11048	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51046	0.56938
45	-		0.12091	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.56938	0.63250
46	-		0.13218	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63250	0.68485
47	-		0.13886	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63250	0.68485	0.73716
48	-		0.14679	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.68485	0.74472	0.80882
49	-		0.15680	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.74472	0.81711	0.89785
50	-		0.16932	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.81711	0.89785	1.00596
51	-		0.18644	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.90706	1.00596	1.11504
52	-		0.20565	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.01629	1.12660	1.24033
53	-		0.22946	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.13817	1.25320	1.37235
54	-		0.25745	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.26608	1.38661	1.50539
55	-		0.28712	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	1.40087	1.52104	1.62158
56	-		0.31889	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	1.41513	1.53670	1.65568	1.76503
57	-		0.34524	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	1.41513	1.55235	1.67273	1.78360	1.91116
58	-		0.37536	0.82540	0.91627	1.02661	1.14974	1.27896	1.41513	1.55235	1.68978	1.82075	1.93128	2.08535
59	-		0.41176	0.91627	1.02661	1.14974	1.27896	1.41513	1.55235	1.68978	1.83933	1.97154	2.10733	2.28038
60	-		0.45698	1.02661	1.14974	1.27896	1.41513	1.55235	1.68978	1.83933	1.99167	2.12931	2.30444	2.51397

61	-	0.51186	1.14974	1.27896	1.41513	1.55235	1.68978	1.83933	1.99167	2.17329	2.32851	2.56765	2.78295
62	-	0.57305	1.27896	1.41513	1.55235	1.68978	1.83933	1.99167	2.17329	2.37666	2.59450	2.84247	3.06584
63	-	0.63723	1.41513	1.55235	1.68978	1.83933	1.99167	2.17329	2.37666	2.64823	2.87224	3.09867	3.38001
64	-	0.70481	1.55235	1.68978	1.83933	1.99167	2.17329	2.37666	2.64823	2.93182	3.16436	3.41626	3.68331
65	-	0.77286	1.68978	1.83933	1.99167	2.17329	2.37666	2.64823	2.93182	3.23010	3.48882	3.76333	4.07901
66	-	0.84096	1.83933	1.99167	2.17329	2.37666	2.64823	2.93182	3.23010	3.56144	3.84341	4.16782	4.54231
67	-	0.91501	1.99167	2.17329	2.37666	2.64823	2.93182	3.23010	3.56144	3.92357	4.25672	4.64147	5.07922
68	-	0.99038	2.17329	2.37666	2.64823	2.93182	3.23010	3.56144	3.92357	4.34571	4.74074	5.19044	5.60548
69	-	1.08014	2.37666	2.64823	2.93182	3.23010	3.56144	3.92357	4.34571	4.84012	5.30180	5.79221	6.27160
70	-	1.18055	2.64823	2.93182	3.23010	3.56144	3.92357	4.34571	4.84012	5.41330	5.91691	6.41136	6.96777
71	0.23489	1.44696	2.93182	3.23010	3.56144	3.92357	4.34571	4.84012	5.41330	6.04178	6.62141	7.12367	7.72166
72	0.52350	1.74770	3.23010	3.56144	3.92357	4.34571	4.84012	5.41330	6.04178	6.76172	7.35802	7.89518	8.56280
73	0.86965	2.08644	3.56144	3.92357	4.34571	4.84012	5.41330	6.04178	6.76172	7.51460	8.15609	8.75616	9.51684
74	1.27828	2.47825	3.92357	4.34571	4.84012	5.41330	6.04178	6.76172	7.51460	8.33044	8.94993	9.73293	10.46490
75	1.76325	2.92665	4.34571	4.84012	5.41330	6.04178	6.76172	7.51460	8.33044	9.24138	9.94955	10.82745	11.62922
76	2.33372	3.45975	4.84012	5.41330	6.04178	6.76172	7.51460	8.33044	9.24138	10.27544	11.06995	12.03488	12.89191
77	3.01999	4.09742	5.41330	6.04178	6.76172	7.51460	8.33044	9.24138	10.27544	11.43495	12.30634	13.34499	14.24171
78	3.85120	4.85718	6.04178	6.76172	7.51460	8.33044	9.24138	10.27544	11.43495	12.71507	13.64832	14.74627	15.66961
79	4.85718	5.72992	6.76172	7.51460	8.33044	9.24138	10.27544	11.43495	12.71507	14.10525	15.08423	16.22952	17.02800
80	6.04178	6.76172	7.51460	8.33044	9.24138	10.27544	11.43495	12.71507	14.10525	15.59358	16.60475	17.64144	18.46475
81	6.76172	7.51460	8.33044	9.24138	10.27544	11.43495	12.71507	14.10525	15.59358	17.17057	18.05276	19.13575	20.00349
82	7.51460	8.33044	9.24138	10.27544	11.43495	12.71507	14.10525	15.59358	17.17057	18.67330	19.58591	20.73724	21.65605
83	8.33044	9.24138	10.27544	11.43495	12.71507	14.10525	15.59358	17.17057	18.67330	20.26544	21.22979	22.45848	23.43239
84	9.24138	10.27544	11.43495	12.71507	14.10525	15.59358	17.17057	18.67330	20.26544	21.97376	22.99748	24.31018	25.08670
85	10.27544	11.43495	12.71507	14.10525	15.59358	17.17057	18.67330	20.26544	21.97376	23.81218	24.90023	26.03612	26.88312

14	15	16	17	18	19	20	21	22	23	24	25	26	Att Age
0.09422	0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	43
0.09422	0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	44
0.09588	0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	45
0.09839	0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	46
0.10089	0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	47
0.10673	0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	48
0.11174	0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	49
0.12008	0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	50
0.12842	0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	51
0.13760	0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	52
0.14929	0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	53
0.16348	0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	54
0.17934	0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	55
0.19939	0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	56
0.22110	0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	57
0.24199	0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	58
0.26455	0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	59
0.27792	0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	60
0.29381	0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	61
0.31387	0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	62
0.33896	0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	63
0.37327	0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	64
0.41176	0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	1.41513	65
0.45949	0.51563	0.57515	0.63891	0.69179	0.75227	0.82540	0.91627	1.02661	1.14974	1.27896	1.41513	1.55235	66
0.51563	0.57515	0.63891	0.69179	0.75227	0.81711	0.90706	1.01629	1.13817	1.26608	1.40087	1.53670	1.67273	67
0.56938	0.63250	0.68485	0.74472	0.81711	0.89785	1.00596	1.12660	1.25320	1.38661	1.50539	1.63863	1.78360	68
0.63250	0.67791	0.73716	0.80882	0.89785	0.99564	1.11504	1.24033	1.35810	1.48975	1.62158	1.74647	1.89104	69
0.68485	0.73716	0.80882	0.88865	0.99564	1.11504	1.22745	1.35810	1.48975	1.60454	1.74647	1.87093	2.04142	70
0.73716	0.80882	0.88865	0.99564	1.10347	1.22745	1.34385	1.47410	1.58750	1.72791	1.85082	2.01945	2.18422	71
0.80882	0.88865	0.99564	1.10347	1.22745	1.34385	1.45846	1.58750	1.70935	1.85082	1.99750	2.18422	2.40670	72
0.89785	0.99564	1.10347	1.22745	1.34385	1.45846	1.58750	1.70935	1.85082	1.99750	2.16019	2.40670	2.63434	73
0.99564	1.10347	1.22745	1.34385	1.45846	1.57047	1.70935	1.83072	1.97555	2.13617	2.37991	2.60464	2.83636	74
1.11504	1.22745	1.34385	1.45846	1.58750	1.70935	1.83072	1.97555	2.13617	2.35312	2.60464	2.83636	3.09047	75
1.24033	1.35810	1.47410	1.58750	1.70935	1.83072	1.97555	2.13617	2.37991	2.60464	2.83636	3.09047	3.36395	76
1.35810	1.47410	1.58750	1.70935	1.85082	1.99750	2.16019	2.37991	2.60464	2.83636	3.09047	3.36395	3.68043	77
1.48975	1.60454	1.72791	1.85082	1.99750	2.13617	2.35312	2.57496	2.80363	3.05434	3.32410	3.63625	3.99885	78
1.62158	1.72791	1.85082	1.99750	2.16019	2.37991	2.60464	2.83636	3.09047	3.32410	3.63625	3.99885	4.41473	79
1.74647	1.87093	2.01945	2.18422	2.40670	2.60464	2.83636	3.09047	3.36395	3.68043	3.99885	4.41473	4.86240	80
1.89104	2.04142	2.20825	2.40670	2.63434	2.86911	3.12661	3.36395	3.68043	4.04813	4.46992	4.86240	5.36837	81
2.06338	2.20825	2.43351	2.63434	2.86911	3.12661	3.36395	3.68043	4.04813	4.41473	4.86240	5.29926	5.80702	82
2.23229	2.46032	2.66404	2.90187	3.16277	3.40380	3.72463	4.04813	4.46992	4.86240	5.36837	5.80702	6.34539	83
2.48714	2.72348	2.93464	3.19894	3.44368	3.76885	4.09742	4.52514	4.92409	5.43753	5.88395	6.43080	6.93579	84
2.75321	2.96742	3.19894	3.48358	3.76885	4.09742	4.52514	4.92409	5.43753	5.88395	6.34539	6.93579	7.48941	85

3.00022	3.27132	3.52349	3.81309	4.19610	4.58040	4.98582	5.43753	5.96093	6.43080	6.93579	7.59499	8.20210	86
3.30754	3.56342	3.90165	4.24548	4.63569	5.04760	5.57601	6.03798	6.51628	7.03069	7.70069	8.31979	8.97063	87
3.64333	3.94595	4.29488	4.69101	5.17128	5.64533	6.11510	6.60185	7.12569	7.70069	8.43763	9.10171	9.78276	88
4.03464	4.39377	4.80175	5.23318	5.71470	6.19228	6.68750	7.22079	7.91247	8.55563	9.23298	9.92840	10.62585	89
4.44326	4.85718	5.29512	5.78412	6.34685	6.85904	7.41128	8.01854	8.67378	9.36444	10.07428	10.78709	11.48938	90
4.96813	5.41914	5.92313	6.42423	6.94493	7.50668	8.12474	8.79209	9.49610	10.22040	10.94862	11.66714	12.26621	91
5.54332	6.06236	6.57919	7.11696	7.69779	8.23107	8.91055	9.62795	10.36675	11.11044	11.84525	12.45965	13.06071	92
6.13205	6.65678	7.20310	7.79349	8.44409	9.02917	9.75999	10.51334	11.27255	12.02371	12.45965	13.06071	13.65781	93
6.81214	7.37562	7.98521	8.55079	9.26687	10.02466	10.80724	11.43495	12.20253	12.84778	13.48123	13.88498	14.49577	94
7.54848	8.08121	8.76458	9.50521	10.29010	10.95455	11.76064	12.56124	13.04248	13.69223	14.34106	14.74186	15.36574	95
8.36986	8.97887	9.74417	10.42312	11.24990	12.08751	12.74113	13.43315	14.11573	14.56997	15.23607	15.63210	16.11185	96
9.19367	9.98378	10.68975	11.54623	12.41558	13.10200	13.82552	14.32824	15.02956	15.48420	16.16721	16.39691	16.89673	97
10.22402	11.09118	11.84353	12.74485	13.46433	14.21962	14.75476	15.49152	15.98254	16.70554	16.96975	17.50830	17.72358	98
11.35980	12.14182	13.07534	13.82813	14.61547	15.18333	15.72340	16.48367	16.97592	17.54630	17.81566	18.37906	18.59659	99
12.59112	13.40704	14.19341	15.01307	15.61395	16.18896	16.98762	17.51916	18.12659	18.43357	18.70862	19.29978	19.51913	100
13.90691	14.74413	15.41244	16.26381	16.89189	17.49443	18.34026	18.71067	19.36854	19.70467	20.00856	20.65416	20.53896	101
15.29827	16.01486	16.69968	17.60038	18.26009	18.89189	19.59404	19.99735	20.71197	21.08241	21.41896	21.74091	21.63760	102
16.62136	17.35750	18.07585	19.03236	19.72578	20.18785	20.94896	21.38990	22.16939	22.57864	22.55133	22.91258	22.82223	103
17.79875	18.79384	19.55095	20.28608	21.08606	21.58906	22.07303	22.53468	23.36025	23.36920	23.34167	23.72314	23.62436	104
19.27573	20.33454	21.13318	21.68994	22.55794	23.10767	23.63968	24.14881	24.61032	24.64152	24.63330	25.05885	24.97227	105
20.86079	21.98843	22.60352	23.20978	24.15450	24.75860	25.34494	25.44749	25.96072	26.01630	26.02824	26.50162	26.42768	106
22.56320	23.52659	24.19660	24.85932	25.89182	26.55745	26.71827	26.85123	27.42124	27.50252	27.53607	28.06125	28.00215	107
24.14735	25.19453	25.92716	26.65544	27.78679	28.00756	28.20403	28.37042	29.00180	29.11080	29.16732	29.75062	29.70640	108
25.86610	27.00804	27.81337	28.61596	29.31595	29.57788	29.81360	30.01565	30.71414	30.85286	30.93581	31.58179	31.55365	109
27.73603	28.98668	29.87450	30.19911	30.97345	31.28079	31.55864	31.79947	32.57128	32.74405	32.85461	33.56971	33.55864	110
												34.97075	111
												37.28253	112
												39.80647	113
												41.59551	114
												44.53502	115
												46.61956	116
												48.82963	117
												52.52003	118
												55.12388	119
												57.71342	120

TO: Arkansas Department of Insurance
FROM: Midland National Life Insurance Company
DATE: January 27, 2009
RE: Policy Form 2470 1-09 and Policy Form 2480 1-09

Midland National Life Insurance Company certifies that the referenced policies comply with

- Arkansas Regulation 49 regarding Life and Health Guaranty notices given to each policy owner.
- Arkansas Code Annotated 23-79-138 regarding a Consumer Information Notice accompanying every policy.
- Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.
- Arkansas Regulation 34 regarding Universal Life Insurance.



Carmen R. Walter, FSA, MAAA
Director of Product Development
Corporate Markets
Midland National Life Insurance Company

Date: January 27, 2009

<i>SERFF Tracking Number:</i>	<i>NALH-125998438</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41933</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Policy Form 2470 1-09, 2480 1-09</i>		
<i>Project Name/Number:</i>	<i>Policy Form 2470 1-09, 2480 1-09/Policy Form 2470 1-09, 2480 1-09</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

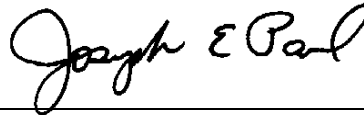
Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Application	01/20/2009	81-36CM0405A.pdf
No original date	Supporting Document	Flesch Certification	01/20/2009	2470, 2480 readability.pdf 81-37CM0405 with census.pdf

READABILITY CERTIFICATE

Name and Address of Insurer Midland National Life Insurance Company
Corporate Markets Center
2000 44th Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 2470	Flexible Premium Universal Life Policy	58.10
Form 2480	Flexible Premium Universal Life Policy	58.10



Signature

Joseph E. Paul, FSA, MAAA

Typed Name

Vice President – Corporate Markets Operations

Title

January 19, 2009

Date



AGENT'S REPORT

Name of Business Contact _____

Case Manager Name _____

Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Master GI Census

Date of Hire	Proposed Insured (Last, First, Middle)	Sex	Date of Birth	Age Nearest Birthday	SSN#	Nicotine use in past 12 months*	Policy Face Amount	Premium	Death Benefit Option	Title	Salary	U.S. Citizen (Y or N)
--------------	---	-----	---------------	----------------------	------	---------------------------------	--------------------	---------	----------------------	-------	--------	--------------------------

*In the past 12 months, has the Proposed Insured smoked one or more cigarettes or used any other tobacco/nicotine products? Check Y or N.

Please list Title (and/or) Salary.

I represent that, to the best of my knowledge and belief:

1. In the past 90 days the proposed insured has worked at least 30 hours per week for the sponsoring employer, at the usual place of business with the customary duties.

2. The proposed insured while employed by the sponsoring employer has not missed more than five consecutive days of work due to illness or injury in the past 90 days.

3a.The sponsoring employer keeps attendance records and can certify the accuracy of statements #1 & #2.

3b.The sponsoring employer agrees that these employment and attendance records will be made available to Midland National Life Insurance Company upon request either now or at any time in the future.

4. Unless otherwise disclosed, no other application for life insurance is pending or contemplated for any Proposed Insured by the sponsoring employer and Policy Owner with this or any other company.

I have reviewed the census information and statements #1 thru #4 above and agree that this information is accurate, unless otherwise disclosed below:

Signed for the Policy Owner by the following duly authorized official:

Name

Form # 81-37 (4-05) Census Form

Title

Corporate Tax ID#

Date

Regular Issue
Application for Life Insurance -- Part 1

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)		Social Security No.		Height ft. in.	Weight Lbs.
3. Occupation (Title and Duties)	Gross Annual Compensation \$	Telephone Numbers (Home) (Bus)			
4. Owner Name (If Trust, Name and Date of Trust)		Social Security or Tax ID No.			
Owner Address (Street, City, State, Zip)		Relationship to proposed Insured			
5a. Beneficiary		5b. Relationship			
6a. Plan Applied for		6b. Sub-account (If Applicable)			
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to an existing policy		8. Additional Benefits:			
9a. Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

11b. Policies in Force:

Company	Amount	Indicate		Intention of Replacement or Change	
		Personal	Business		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11c. Policies Applied for / Indicate Below or ☐ None:

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

MIDLAND NATIONAL LIFE INSURANCE COMPANY
 PRINCIPAL OFFICE • DES MOINES, IA 50266
 CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103
 PHONE (800) 283-5433 • FAX: (701) 433-8596

Application for Life Insurance -- Part 1, Continued

Provide details for all "Yes" answers to questions 12-19 below.

Yes	No		
12. <input type="checkbox"/>	<input type="checkbox"/>	Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes," complete appropriate questionnaire.)	16. Your driver's license #: _____ State: _____
13. <input type="checkbox"/>	<input type="checkbox"/>	Do you participate in or do you intend to participate in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes," complete appropriate questionnaire.)	17. Within the past 10 years, have you been convicted of or pled guilty to: <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">Yes</div> <div style="width: 10%;">No</div> <div style="width: 80%;"> <input type="checkbox"/> <input type="checkbox"/> a. Moving violations? <input type="checkbox"/> <input type="checkbox"/> b. Driving under the influence of alcohol and/or other drugs? </div> </div>
14. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of, or are you awaiting trial for a felony?	18. <input type="checkbox"/> <input type="checkbox"/> Have you been a pilot or crew member during the past 3 years or have any intention of becoming a pilot, student pilot, or crew member in any type of aircraft? (If "Yes," complete appropriate questionnaire.)
15. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an application for insurance declined, postponed, or rated?	19. Have you ever used: <input type="checkbox"/> <input type="checkbox"/> a. Cigarettes? Date Last Used: _____ <input type="checkbox"/> <input type="checkbox"/> b. Other nicotine products? Date Last Used: _____

Details for questions 12-19:

20. ☐ Yes ☐ No Do you have any family history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

First Name Only	Relationship	Condition	Current Age	Age at Death

Home Office Endorsements

1a. Name and address of Personal Physician:																																																				
1b. Date and reason last consulted:																																																				
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Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?</td> </tr> </tbody> </table> <p>4. In the past 10 years have you:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Been diagnosed or treated by a member of the medical profession for immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	a. High blood pressure, transient ischemic attack (TIA), stroke, or elevated cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	b. Chest pain, heart attack, heart murmur, or heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	c. Cancer, tumor, blood or immune system disorder?	<input type="checkbox"/>	<input type="checkbox"/>	d. 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Include all dates, diagnoses, duration, severity, treatment, and names and addresses of all attending physicians or medical practitioners.</p>
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Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and Midland National Life Insurance Company's (the "Company") only liability shall be to refund any advance payment made.

The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in the application. If these requirements are met, insurance will be in force on the policy effective date. By accepting the policy, the Owner consents to any changes the Company has made under "Home Office Endorsements," except that changes in the insurance amount, the risk class, or the insurance plan will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, Medical Information Bureau (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation.

FRAUD STATEMENT - Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is/may be guilty of insurance fraud and may be subject to fines and penalties.

Signature of Proposed Insured

Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

Signed at _____ Date _____
City State

Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; and (3) to the best of my knowledge and belief, the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

Signature of Agent

Date

Agent's No.

AGENT'S REPORT

Name of Business Contact: _____

<p>1. Proposed Insured's Gross Annual Compensation:</p> <p>Salary: _____</p> <p>Benefits/Bonuses: _____</p> <p>2. Additional Income: _____</p> <p>Source: _____</p> <p>3. Case Manager Name: _____</p>	<p>What is the purpose of this Insurance? (Please check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Offset Present & Future Benefit Liabilities<input type="checkbox"/> Salary Continuation<input type="checkbox"/> Deferred Compensation<input type="checkbox"/> Incentive Compensation<input type="checkbox"/> Split Dollar<input type="checkbox"/> Survivor Income<input type="checkbox"/> Key Person<input type="checkbox"/> Other (Please Describe): _____
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Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Leave with Applicant

Fair Credit Reporting Act Notification

As part of Midland National Life's normal procedure of processing applications, we may obtain an investigative consumer report concerning such information as to your character, general reputation, and personal characteristics, except as may be related directly or indirectly to your sexual orientation. We will obtain this information through interviews with your friends, neighbors, and associates. You may make a written request to be personally interviewed when such a report is being prepared. You have the right to make a written request to receive a copy of the investigative consumer report. Further information on the nature and scope of the report, if one is made, is available upon request from Midland National Life Insurance Company.

Notice of Insurance Information Practices

You are our most important source of information, but personal information may also be collected from other persons. Such information, as well as other personal or privileged information our agent or we subsequently collect, may, in certain circumstances, be disclosed to third parties without your authorization.

We have established procedures to give you access to all personal information collected. You may request correction of such information in our files that you believe to be inaccurate.

We will provide a more complete description of the information practices of Midland National Life Insurance Company upon your request, in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

Medical Information Bureau Notification

Information regarding your insurability will be treated as confidential. Midland National Life Insurance Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Midland National Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.